6	I, I	tem 6G588 2/6/84JAB STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 3 3 2 2 0
5	11-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
20 00 20 20 E		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN DAY YEAR 76 HOUR OF ESTI- DEATH MATED 12 9 19 832039M
CESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESSION STREET	3. SE)	F. U S. DATE OF BIRTH YEAR G. AGE VYEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 1Z 9 1983 20:339.
220	FO	ATHPLACE (STATE OR REJEN OF WHAT COUNTRY? NEVEN COUNTRY). NARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED ATTE 9 CM. M. M.
O SEE	10	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SICH FACILITY, GIVE STREET ADDRESS) Umber 1949 Cumber 1949 Memorial HOSP. House Wife OR INDUSTRY
	130, S	IL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 13. COUNTY 13. JULY OR TOWN 13. INSIDE (ITY LIMITS? YES IX NO 1044 Orchard Que, 9499
BALTIMORE, MD. 21201 S ATTENDERN IF ANY GIVE PASSEN 2, AND GIVE PASSEN 2, AND PASSEN IN THE 2 SHOUL MASSION OF WALK RECENT	1	Paul Elliott Bary Lockhart (Lockart)
ALTIMO IS ATTEN I GIVE A WITH DRI	16a V	vas deceased ever in u.s. armed forces? 16b. social security No. 17. Informant address 5ame 231-38 9604 Husband 5ame
		18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: 4/00 IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITHOUTHE WORD "PENDING" IN PENCIL IN TEM BE RDED TO THE CHIEF MEDICAL EXAMINER ALONG WER 3 SHOULD BE USED SAS BURIAL "TRANSIT PERMIT TE DEPARTMENT OF HEATTH AND MENTAL HYGELETON OF PROPERTY.	-	Conditions, if any, which gave rise to immediate cause (a) stating the under-
EXECUTED ING." IN PERIOR EACH EACH EACH EACH EACH EACH EACH A BUB MEI		Lying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
I RECORDS, JID BE EXEC "FENDING" "FENDING" FOR A BUILDE F	Z	
VITAL RESPONDED OND "PER ONE" PER ONE WEEL ON TO FEEL ON THE PER ONE ON THE PER ONE ON THE PER ONE ON THE PER ONE ON THE PER ON THE	CAT	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
CATE SHOTE S	A CERTIFICATION	YES NO TO THE OF INJURY HOUR A.M. MONTH DAY YEAR VERY NO TO THE OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE. WRITING THE WORD."PE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL.	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) WHILE AT WORK COUNTY STATE TO STREET CITY OR TOWN COUNTY STATE
MINER: TI TIFICATE, BE FORW BE TOR: THE STA		22e. 1 certify that 1 took charge of the remains described obove, held an Autopsy , Inspection , Inquiry , ond in my opinion deoth resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,
CAL EXA THE CERT THE CERT SHOULD THE CALL THE CA		ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. DEP VILLY MEDICAL EXAMINER SIGNED 12-9-83
FO MEDIA EXECUTE PAGE 4 (FIO FUNE AFTER DE	730 B	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVAL 236. DATE [236, NAME OF CEMETERY OR CREMATORY , 238 LOCATION [238 LOCATION]
9999BP	.4	UNERAL DIRECTOR 250 Shan and 2 12-12-83 Shan and 2 1250. DATE REC'D. BY REGISTRAN'S SIGNATURE
DHMH - 17 (VR A15 ME (5))		and F. Loughilli Cumbuland Ind DEC 1 61983 John & Cariel:

CHO 1 5 203 Som J. Coming

	CEASED NAME F	EIRST	MIDDLE	ACERTIFICATE OF D	2a DA	TE OF DEATH MONTH	DAY YEAR	2b. HOUR
(174E	PE OR PRINT)	EDNA T	aylor	ASHBY		DECEMBER 11.	1983	9:30 F
3. SE	Female	4 RACE White		5. DATE OF BIRTH		(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
5	SIRTHPLACE (STATE OR FORE		WHAT COUNTRY?	8 MARRIED NEVER	MARRIED -	TIMORE CITY OR COUNTY	NTY OF DEATH	M
M)	or town of DEATH		CH FACILITY, GIVE STREET	G HOME OR OTHER INS	TITUTION 120 US	UAL OCCUPATION F WORK FOR MOST OF WORKING MEMBRET	126. KIND O	Home
	AT RESIDENCE (# NURSING STATE	HOME OR OTHER INSTITUTION DOUNTY WINERS	13c. CITY OR LOW!	ek 13d. INSIDE C	NO RI	REET ADDRESS / ZIP CO	ODE	999
9"	Minor	WIDDLE	Runion	IS MOTHER'S	S MAIDEN NAME FIRST	WIDDLE	Liller	
210	WAS DECEASED EVER IN (YES, NO PRUNKNOWN)	U.S. ARMED FORCES? HE VES GIVE WAR OR DATES) ONE	236-76-2			Creek, W.V		MATE INTERVAL
	Conditions, if any, w gove rise to immed cause (0), stating	diote	OR AS A CONSEQUE	NCE OF		-ung	2 - 1100	
NO.	underlying cause	(c)	ONTRIBUTING TO E	PEATH BUT NOT RELATED	TO THE TERMINAL DI	SEASE OR CONDITION (GIVEN IN PART 110	
TIFICATION	underlying cause	ICANT CONDITIONS C		DEATH BUT NOT RELATED		AUTOPSY? 206. IF	GIVEN IN PART THE YES, WERE FINDIN RTIFYING CAUSES YES [GS USED
AL CERTIFICAT	PART 2 OTHER SIGNIF	ICANT CONDITIONS C IN 196 COND LYING 216 TIME C HOUR A	ITION FOR WHICH	OPERATION WAS PERFO	DRMED 20a	AUTOPSY? 206. IF	YES, WERE FINDIN RTIFYING CAUSES YES []	GS USED OF DEATH?
7 18	PART 2 OTHER SIGNIFI 19a DATE OF OPERATIO 71a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	ICANT CONDITIONS C IN 196 COND LYING THE CHORN A EXAMINER P 216 PLACE LATHOME SI	OF INJURY M. MONTH DA	OPERATION WAS PERFO	ORMED 200 YES JURY OCCURRED (EN	AUTOPSY? 206. IF IN CER	YES, WERE FINDIN RTIFYING CAUSES YES []	GS USED OF DEATH?
AL CERTIFICAT	PART 2 OTHER SIGNIFI 19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER, NOTHY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (the	ICANT CONDITIONS C IVING 196 COND IVING 216 TIME C HOUR A EXAMINER) P 21e PLACE (AT HOME, ST	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE F.	OPERATION WAS PERFO 21c, HOW IN 19 211 LOCATR STREET	DRMED 200 YES JJURY OCCURRED (EN	AUTOPSY? 706 IF IN CER IN CER ITER NATURE OF INJURY IN ITEM	YES, WERE FINDING CAUSES YES 18 PART 1 OR PART ?) COUNTY	GS USED OF DEATH? NO

26726 DEG 1 9 1983

DHMH 16 50M 4/83 (VRA 15, 4)

14 FUNEHAT ENERGYTING

Marwood Funeral Home, Keyer, W.Va.

		CHICKE	HAGEL		DECLE:
	SV.W.				

			SV.M. ES	THE ST. LET	Marie III.
or eller	11 39745599	vs.		AT MEET	
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	and the factor of the factor o	Greate and		MILL	
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or Hern

MPORTANT:

CERTIFICATION

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

13a STATE

Md

Yes

14 FATHER'S NAME

STATE OF MARYLAND

JIAIL OF MARILAND						
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE					
CERTIFICATE OF DEATH						

	CERTIFICATE OF DEATH	REG. NO.		
E	LAST	2a. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
A	Baker	12/13/83		6:25a
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	
	DAY WELD		MONTHS DAVE	MCMARS AAAA

4. RACE 3. SEX white male TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY?

USA

FIRST

Archie

136 COUNTY

Community Hospita

MARRIED NEVER MARRIED WIDOWED X

Allegany Co NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE)

12b. KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL

CITY OR TOWN OF DEATH Frostburg USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

Frostburg 13c. CITY OR TOWN Allegany Frostburg

136. INSIDE CITY LIMITS?

NO [15. MOTHER'S MAIDEN NAME

Annie

124 Frost MIDDLE

Carpenter

13e STREET ADDRESS

BALTIMORE CITY OR COUNTY OF DEATH

Miller

Maryland

Baker 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

16b SOCIAL SECURITY NO

J. Arch Baker. Frostburg.

17. INFORMANT

Rt. 1, Box 231

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF

if ony, which gave rise to immediate couse (o), stoting underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH P.M.

(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

21e. PLACE OF INJURY AT HOME, STREET, FACTORY OFFICE

211. LOCATION STREET

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

22a.1 certify that (1) (this haspital) attended the deceased from

Dr. M. Rothstein

DEGREE ATTENDING

MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNER

STATE

22d. PHYSICIAN'S NAME ATYPE OF PRINTS

22e. ADDRESS

48 Broadway, Frostburg, Md 21532

23a. BURIAL, CREMATION, REMOVAL Burial

23c. NAME OF CEMETERY OR CREMATORY Frostburg Mem.

Frostburg.

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4)

Durst Funeral Home Frostburg Md

7: ---

Dec.15,1913 Frontiurn Men. Perk. Prostiur , Alleung, Md.

Winds the second of the second second

Ed. 1. 1 . L. L. L. L. L. Arch Betts, Prochurg, Ma. 11558

Et. I, box &M.

STATE OF MARYLAND BOALS FUNERAL HOME DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 111 CHURCH ST. CERTIFICATE OF DEATH REGISTRAR WESTERNPORT REG. NO I. DECEASED NAME LAST 2a. DATE OF DEATH MONTH YEAR 2h HOUR TYPE OF PRINT JOSEPH M BAKFR DECEMBER 14. 1983 8:25A 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) Male White MONTH 043 1543 70. BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia U.S.A. ALLEGANY COUNTY WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY 08 Cumber and Miner SACRED HEART HOSPITAL USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE COUNTY McCoole 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Allegany Maryland YES THE NOF Roy 210 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Carrie ANIDOLE Baker Conrad Joesph ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? JAN SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Paul Baker Keyser, W. Va. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE ID at Frecase & Chienco Conditions, if ony, which gove rise to immediate couse (a), stating the OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 20a AUTOPSY? 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES | sho, 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a. | certify that N) (this hospital) attended the edsed from. sow the decemed glive on obove. (1) (we) (d/d) (did not) view the body often depth and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 221 DATE SIGNED be detack e State De MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) DEPT. OF PULMONARY id b SCHMITT, RICHARD M.D. SACRED HEART HOSPITAL, CUMBERLAND, MD21502 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Cross Sinclair Cemetery Mineral W. Va.

Westernpert, Md. 21562

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR

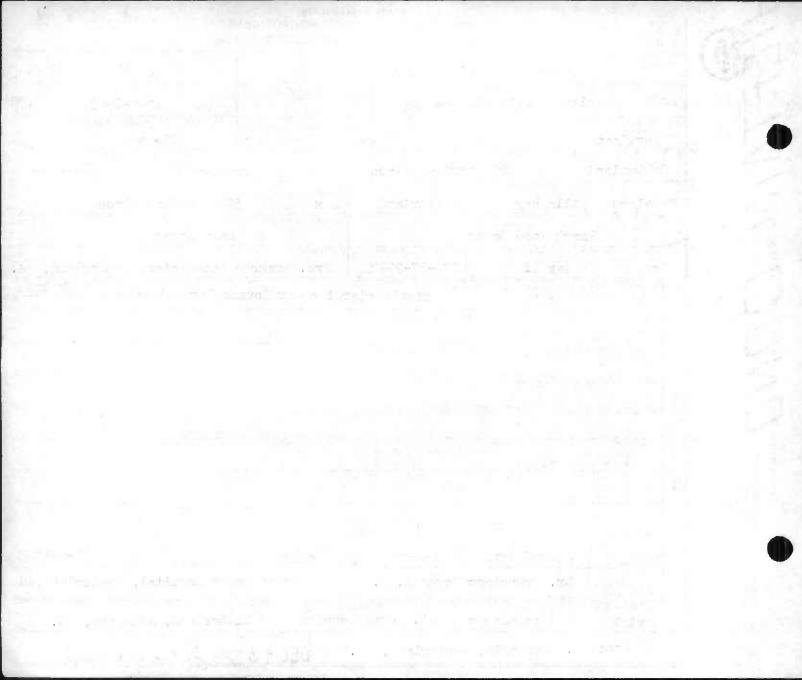
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BARY MAD UP TO STATE JOSEPH 15 TO ST. ALL COMMISSION DECEMBER 15, 1035 10 te 1 3 0 3 7 Y THE MAINTENANCE OF THE PROPERTY OF THE PROPE 20 v ol••lo x ol••lo int. 1 . V. . , reason to execute first of the TOTAL MARKET TO THE TOTAL TOTA SOUTHT, RICHARD M.D. .. SACRED SEART LOSDITAL, CURRENTAND, 186 1865 in a meni . In this was the transfer of the said of

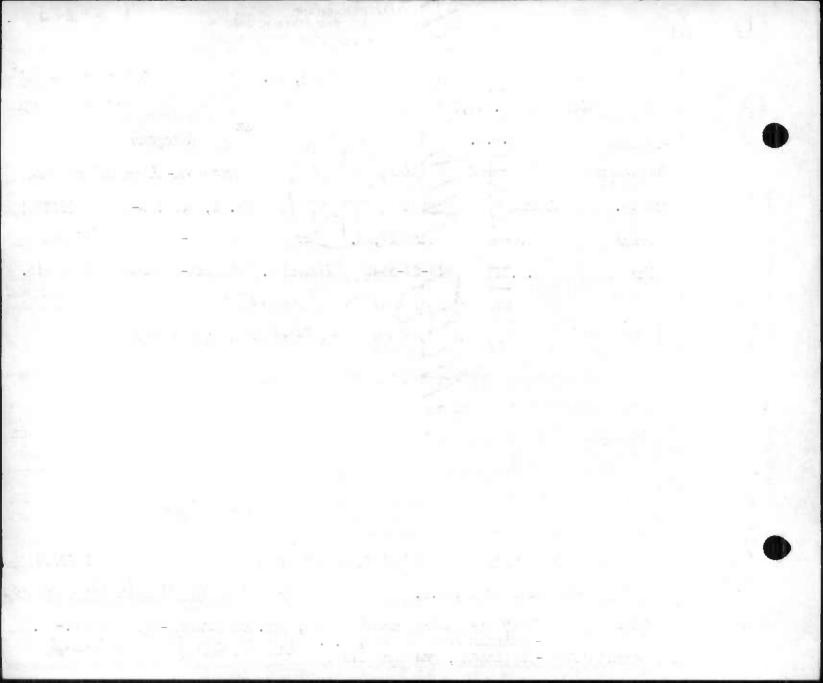
BP_ **DHMH-17** (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - :	FOR STATE REGISTRAR			EPARTMENT OF					TU	6. NO.	01 }	Care
		CEASED NAME E OR PRINT)	Rober	rt Franc	is Baker		LAST			70. DATE KNOWN OF ESTI- DEATH MATED	.D.	2-6 19 63	26. HOUR 5A
	3. SEX Ma	ale	White	July 12,	1922 61 N	DAY) MONT	NDER 1 YR.	IF UNDER	R 24 HRS.	2c DATE PRONOUNCED DEAD	12-6-3	1983 19	24 HOUR 6:30
5		RTHPLACE (ST REIGN COUNTRY) Maryla:		76. CITIZEN OF WH.	AT COUNTRY?		VED NE	VER MARR	Second	9 BALTIMORE CIT	egany	NTY OF DEATH	MD
0		umberl		11. NAME OF HOSE	ITAL, NURSING HOM ILITY, GIVE STREET ADDRESS) eridan Pla	E, OR OTH	HER INSTITU	TION	FOR	UAL OCCUPATION MOST OF WORKING LIFE)	(TYPE OF WORK	Newspa]	ISINESS RY
り	13a. S1		IF IN NURSING HOME OF ALLE		eresidence before admiss 13c CITY OR TOWN Cumberlar		13d INSIDE (I	ITY LIMITS?	13e STR	EET ADDRESS 520 Sherid	lan Pla	2/500 ace	2
1	14. FA	THER'S NAME	Frank W	ood Baker	LAST		15 MOTHE	R'S MAID		Mary Mora	ın	LAST	
1	16a. W	AS DECEASED	DEVER IN U.S. ARM	NED FORCES? VAR OR DATES)	220-03-77		17. INFORA		ances	Broadwat		umberland	l, Md.
^	NOI	Condition gave ris couse (a) lying caus	is, if any, which e to immediate stating the under-selost.	E CAUSE (o)	AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TER	OF OF				scular D			
1	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OPE	RATION V	VAS PERFOR	MED?				20 AUTOPSY	NO 🗆
3	CAL	UNDERLYING CONTRIBUTION	L CAUSE WAS OR OR OCCURRED NOT WHILE AT WORK	P.M.	INJURY MONTH DAY YEA 19 FINJURY (ATHOME, DRY, FARM, ETC.)	IR 21f. LC	OW INJURY DCATION STREET	OCCURRI	ED (ENTER	NATURE OF INJURY IN ITE			STATE
6			y that I taok charge	3(3)	ribed obove, held on	Autop uicide	Homic	Inspection in the Inspection i	Undet	Inquiry X, remined monner	and in my o	12-6-	1983
		EXAMINER'S I		Francisco	Reyes M.	D.	ADDRESS_	Sacre		art Hospi	-		nd,Md
	(SI	Burial	TOR	12-9-1983	23c. NAME OF CE St. Ma	rys (Cemete	ry 250. DATE	Ćű	orion orion berland,	Alle	gany, Md	ATE



STATE OF MARYLAND



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by the funeral

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CERTIFICATION

MEDICAL

SIG

peen

STATE OF MARYLAND

DEP	ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.		
	LAST	20 DATE OF DEATH MONTH	DAY YEAR	²⁶ 10:20
	Bau	December 7, 198	3	A M
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	MONTH DAY YEAR	85	MONTHS DAYS	HOURS MIN.

13e. STREET ADDRESS

4. RACE 3. SEX Female White To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? COUNTRY U.S.A. Penna

Small

MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Allegheny County

712 Louisiana Ave

9 BALTIMORE CITY OR COUNTY OF DEATH

126. KIND OF BUSINESS OR TYPREYET FEWST AMETOCAM DON'TY CO

Cumberland Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BÉFORE ADMISSION)
130 STATE 136 COUNTY 136, CITY OR TOWN Allegheny 13c. Cly of low land Maryland

Small

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

15. MOTHER'S MAIDEN NAME Harriett

NO [

138. INSIDE CITY LIMITS?

Rebecca

Underwood

21502

Charles William 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

Lydia

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

10 CITY OR TOWN OF DEATH

14 FATHER'S NAME

17. INFORMANT

ADDRESS Mr William V Datterson

No	220-18-7208 111 111111111 111111111 1111111	APPROXIMATE INTERVAL
PART I. DEATH WAS CAUSED IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF	STWEEN ONSELAND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	

PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11σ

a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED
TO, ACCIDENT WAS UNDERLYING DO CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR

IN CERTIFYING CAUSES OF DEATH? NOF YES T RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20a AUTOPSY?

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21s. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

COUNTY CITY OR TOWN STATE

206. IF YES, WERE FINDINGS USED

NO [

STATE

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. obove, (1) (we) (did) (did not) view the body after death. 77b. SIGNATURE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

DEC

22c DATE SIGNED 12/7/83

22d. PHYSICIAN'S NAME (TYPE OR PRINT Dr. H. Merrick

Cumberland

DEGREE

220 Memorial Hospital Medical Building 21502 Maryland

23a BURIAL, CREMATION, REMOVAL 73b DATE (SPECIFY) 12/9/83 Burial

NOT WHILE

23c NAME OF CEMETERY OR CREMATORY Moreland Mem Park

Baltimore, Maryland

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

23d LOCATION

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

DHMH - 16 50M 4/B2 (VRA 15, 4)

FUNERAL DIRECTOR:

0

d b MPORT

	85	ber 13, 1898	Octo	White	Female
County	Allegheny	X		U.S.A.	Penna
merocan Oil Co	Retired A				
ana Ave 21502	712 Louisi	x	Cumberland	Allegheny	Maryland
Underwood	Rebecca	Harriett	Small	Charles	William
	Patterson	Mr William V			No

12/7/83

Burial

12/9/83

Moreland Mem Park

Baltimore, Maryland

Leonard J Ruck Inc. Baltimore, Maryland

15M 2/80

1 DEU 2 11 1963 Stemple

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		Zirisi:				
ov. II reduleging	i venue	- Vacio - at	suldedS	12/16/1		
June 3.					Lyr . A zora	

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

_	LIVE				
	REG I	NO			
	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR

REGISTRAR		CERTIF	ICAIL OF DEATH	REG NO		
1 DECEASED NAME FIRST	M	IDDLE	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
John	James	BEEMA	N	December 2	7, 1983	12:50p
3. SEX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
Male	White		. 12, 1911	72	YRS. MONTHS DATS	HOURS MIN
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF V	VHAT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
Maryland	USA	WIDOWE		Allegany	County,	ME
10 CITY OR TOWN OF DEATH		OSPITAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
Frostburg		rg Community	Hospital	Farmer	Farm	
USUAL RESIDENCE (IF NURSING FOM		GIVE RESIDENCE BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS		
Maryland Ga	rrett	Grantsville	YES NO X	Star Route,	Box 40	21536
4 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	1.6	ST
Joseph S	ilas I	Beeman	Daisy		Shime	
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	Starori	Wute, Box 4	0
No -		212-03-5984	Hulda B. Be	eman, Grants	sville, MD	21536
PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN I To DATE OF OPERATION The Accident was underlying	Mugos	INTRIBUTING TO DEATH BUT	NOT) ELATED TO THE TER	TINAL DISEASE OR CONE 200 AUTOPSY? YES NO	20b. IF YES, WERE FINDING CAUSE:	NGS USED
DET //	DEATH HOUR A.A	A. MONTH DAY YEAR	216 HOW INJURY OCCUR			
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C		21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE
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	Martin,		Grantsville			
230. BURIAL, CREMATION, REMOV (SPECIFY) Burial	Dec.30		emetery or crematory eer Cemetery		county Garrett	STATE Md.
24 FUNERAL DIRECTOR	Newma	ADDRESS Grantsvil		E REC'D. BY REGISTRAR C 2 9 1983	256. REGISTRAR'S SIGNA	Council

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TO HOSPITAL OF ATTENDING PHYSICIAN. The

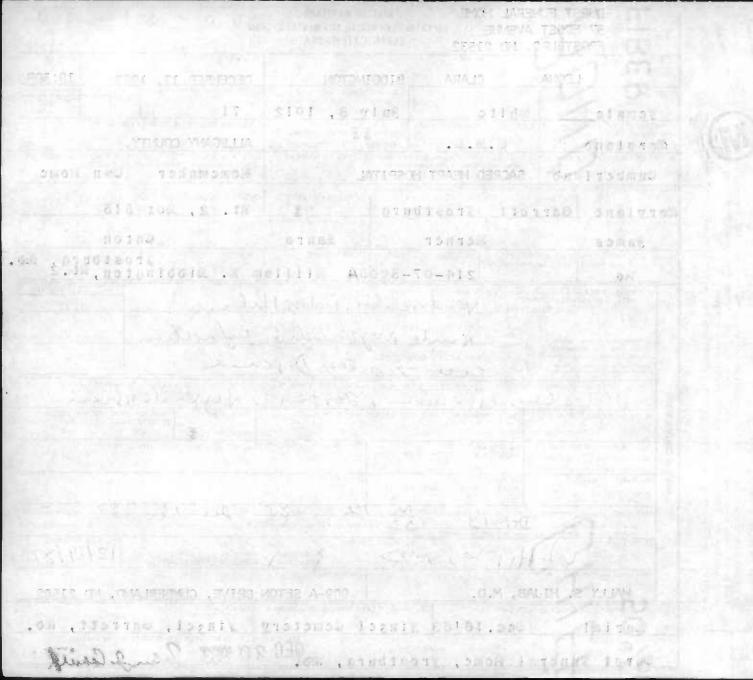
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Messersmith Lousella 217-14-4545 William L. Messermaith December

o.s. Cumberland, c.o.

22502

Burial Deca, 1983 Fleanant Grove Cen. Cumberland Allegany Auwilliam G. stein Comberland, MD | DEC 1 2 263 Securit Challes TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the businframent permit. Then please remove corbon pages. Foges 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Manital Hygiere prior to businf, cremostan, or removal.

1239
W # 299

requires that the death certificate be executed within 24 haurs after death. Page 4 may be

FOR

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STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIE	NE 8	3	3	1	Ar #	1
CERTIFICATE OF DEATH		REG. N	١٥.			
1241	DATE C	SEDEATH	HINOM	DAY	YEAR	21

' '	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST	MIDDLE	l	AST		ONTH DAY YEAR	
TYPE	OR PRINT) WILLIA	M EDWARD		BOWMAN	DECEMBER 25.	1983	9:30
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	Male	White	Month	1. 1919 YEAR	64	YRS.	YS HOURS M
7n RII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	/2 8		9. BALTIMORE CITY OR		
C	OUNTRY)		MARRIE	D NEVER MARRIED			
_	W. Va.	USA	WIDOWE		Allegany		O OF BUSINESS
	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET MEMORIAL HOSPI	ET ADDRESS)	OK OTHER INSTITUTION	Retired Ir	ORKING LIFE) INDUST	RY
USUA 130. S Ma.	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU	NTY 13t. CITY OR TO Cumber	PRE ADMISSION) WN Cland	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 224 Harri	son St.	2150.
14. FA	THER'S NAME FIRST Melv	in E. Bowman		15. MOTHER'S MAIDEN NA	A Riggleman		LAST
16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDRES	S	
(4	YES NO OR UNKNOWN) (IF YES GI	ar III 214-07-	5501	Mr. William	E. Bowman, C	umberland	Md. So
L CERTIFICATION	Conditions, if any, which gave rise to immediate course for aborting the underlying course fort. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 11s. DATE DECOMPRATION 21a. ACCORD WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	THE CONDITION FOR WHICH	DOPATH BUT	LOS OF AND THE TERM WAS PERFORMED TO THE TERM ON WAS PERFORMED TO THE TERM OF	VES NO	ID IF YES, WERE FININ CERTIFYING CAUS	DINGS USED SES OF DEATH? NO
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5	AT WORLD DOT WHAT D	A STATE AND A STATE OF THE STAT	. 0	06	9		
	saw the deceased alive a	pital) arrended the deceased from		nd that in my (our) opinion	death occurred on the dat	r and hour and from	the causes state

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The low

James F. Scarpelli, Cümberland, Md.

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3		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GT	RMED FORCES? VE WAR OR DATES)	188 20		Cleo Miller,	R D 1, Buf		ills,	Pa. 15
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Yous only	CERTIFICATION	190 DATE OF OPERATION	196. COND	ladder	OPERATIO	N WAS PERFORMED	YES NO		WERE FINDING CAUSES	
lem 18 s		210. ACCIDENT WAS UNDERLYING CAUSE OF DE	ATH HOUR A	DEINJURY J.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM TO PAI	RT I OR PART 2)	
rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CTTY OR TO	wn	COUNTY	STATI
21 is ma	F	22a.1 certify that (1) this hosp saw the deceased alive or above. (b) (we) (did) (4) and	121	13 19	P3.0	nd that in my (our) opinion of	death occurred on the de	ote and hour	ond from the	that (II)(we)
3	1	226. SIGNATURE	1			DEGREE			22c DATE	SKINED
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IF UNDER 24 HRS

DHMH - 16 50M 4/83

Southampton Twp, Somerset Cty 24 FUNERAL DIRECTOR Zeigler, Ayndman, Pa.

23c. NAME OF CEMETERY OR CREMATORY

Comps Cemetery

23d. LOCATION

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Burial

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		CEASED NAME FIRST OR PRINT)	WIOOFE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 25 HOI	ÜR
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35	USU A 130 S	AL RESIDENCE (IF NURSING HOME TATE 13b. CO. MD A.J.)	JNTY 13c C	ESIDENCE BEFORE ADMISSION CITY OR TOWN NACONING	134 INSIDE CITY LIMITS?	13e STREET ADDRESS BOX_30	/ ZIP CODE	1539	
10	I4 FA	THER'S NAME FIRST LEWIS	MIDOLE BRI	DGES	15 MOTHER'S MAIDEN NAME AMANDA	MIDDLE		LGHT	
/	(Y	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 S GIVE WAR OR DATES) 21	7 28 0231	THERESA BRI	ADDR	O.LONACO	NTIG.MD.	
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A	A CONSEQUENCE OF	oma-Seft Ta	unai Disease OP COM	lobe	APPROXIMATE INTELLIBET WEEN ONSE! AN	. 1
2	ICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A DUE TO, OR AS A (b) DUE TO, OR AS A (c)	a CONSEQUENCE OF	T NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVEN IN	6 mon	th
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FOR STATE REGISTRA	AR		DEPARTA	MENT OF H	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	<u>ئ</u> ە.	0.1	5	5
I. DECEASED NAME FIRST (TYPE OR PRINT) PEARI			MIDDLE	BRIDGES		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOU	
		L M	ADELINE			December	1983	83 P. 4:5		
1 SEX		4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		MONTHS DATE	IF UNDER	
FEMALE WHITE				JÜL	7 31, 1896 A	87	YRS		HOURS	MIN.
COUNTRY)	STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	ED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH Allegany MD				
	erland	Memo Memo	ch facility, give street orial Hos	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST O	ON	126. KIND C	F BUSINE	SS OR
13a. STATE	MD. AL		131. CITY OR TOW MT. SAVA	N	134. INSIDE CITY LIMITS?	130 STREET ADDRESS MT . SAVA	GE M	D.21502		
14 FATHER'S NA		MIDDLE J.	BRIDGE	ES	ROSETTA	WE		DIEHL LAS	ī	
	SED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE				
(YES, NO OR UN	NO	220-16-		5683 MONA TAYLOR		RFD 3 CUMBE	RLAN	D MD 215	02	
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RIFICATION 130 DATE (PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. TIME OF INJURY								kn d	H?
OR CONTRIL	BUTING CAUSE OF D	HIA	M. MONTH DA	AY YEAR						
2	N OCCUBBED		OF INTUINE		THE LOCATION		_			

22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on abave, (I) (we) (did) (did not view the body after death. 77h SIGNATURE

Susan Schwartz

DEGREE

SAVAGE METH.

MEDICAL STAFF

and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated

22c DATE SIGNED

STATE

, that (I) (we) last

22d. PHYSICIAN'S NAME (THE OR PRINT)

NOT WHILE

22* ADDRESS Frostburg Plaza

Frostburg, MD 21532
REMATORY 236 LOCATION
CEMETERY MT SAVAGE ALLEGANY MD. 23c NAME OF CEMETERY OR CREMATORY

COUNTY

24 FUNERAL DIRECTOR

23e. BURIAL, CREMATION, REMOVAL

BURIAL

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

236 DATE

DEC 27 1983

DHMH - 16 50M 4/B2

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur TO FUNERAL DIRECTOR: After this certificate hos been

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(VRA 15, 4)

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IMPORTANT: If hem 21 is marked or

SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND TO

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

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TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Page and is should be detached for use as the burial-transit permit. Then please remove carbonpapers. Page and is should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 1/76 (VR A 15 (4))

injury, or other troumotic event, th

IMPORTANT: If Ben 21 is morked or Item 18 showp

DEPARTMENT OF HEALTH AND MENTAL HY	GIENE			3 0
CERTIFICATE OF DEATH	REG. NO.			
LAST	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
BROESEKER	DECEMBER 26,	1983		12:45

	REGISTRAR				CERTIF	ICATE OF	DEATH		REG	NO.				
	CEASED NAME	FIRST		VIDDIE	L	AST		20 DATE	OF DEATH		DAY	YEAR	26 HOUR	
(ITP	E OR PRINT)	RUTH	D		BROES	EKER		DECI	EMBER	26,	1983		12:45	
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FEMALE			MHT.	WHITE 4		177	1894		89 YRS MC			NIHS DATS HOURS MIN		
70. B	IRTHPLACE (STATE OR P	OREIGN		US WIDOWEI			R MARRIED	ATTIMANTS COTTNICTO				DEATH	MD	
10 0	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN				12a USU	AL OCCUP	ATION	1		OF BUSINESS OR	
C	UMBERLAND		MEMOR	MEMORIAL HOSPITAL				HOU	SEWI F	T OF WORK	ING LIFE) II	NDUSTRY		
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14. F	ATHER'S NAME		WIDDLE	LAST		15 MOTHE	R'S MAIDEN N		****					
	MORGAN	DICKE	Y	EMMA STUCK DDLE								LA	31	
160 WAS DECEASED EVER IN U.S. ARA			MED FORCES?	166 SOCIAL SECU		17 INFOR				DRESS			Gl	
	NO	(11 123, 017	L WAR OR DATES	190 28 8	455 D	Mrs.	Rebert	Them	453	Colu	mbia	St.	Land Md.	
MEDICAL CERTIFICATION	Chron	ENCE OF DEATH BUT	PIRATORY ARREST AYD CATCULAL FARTURE UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. DIABETES MENLITUS. ION WAS PERFORMED 280 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO						INGS USED S OF DEATH?					
	OR CONTRIBUTING	IDENT WAS UNDERLYING 21b. TIME OF INJURY RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER) P,M. 1												
	WHILE NOT W	Id INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY TWORK AT WORK			FARM, ETC.)	211 LOCATION STREET CITY OR TOWN COUNTY				OUNTY	STATE			
	sow the decease	sow the deceased give on							d hour and	d from the	that (1) (we) lost couses stated E SIGNED			
	BR. AMA	DR. AMADO P. TORRES				22e ADDRESS MEMORIAL MEDICAL BLDG. CUMBERLAND, MD. 21502							7,00	
23o.	BURIAL, CREMATION	REMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY O	R CREMATORY	23d LC	CATION					

(SPECIFY) BURLAL

FOR STATE

12/29/83 Hay's Church Cem. Berlin R.D. Somerset

24. FUNERAL DIRECTOR
Wendy Upchurch

Cumberland, MD

By REGISTRAR 256. PERISTRAR'S SIGNATURE 5 1984

New York To Build Name of

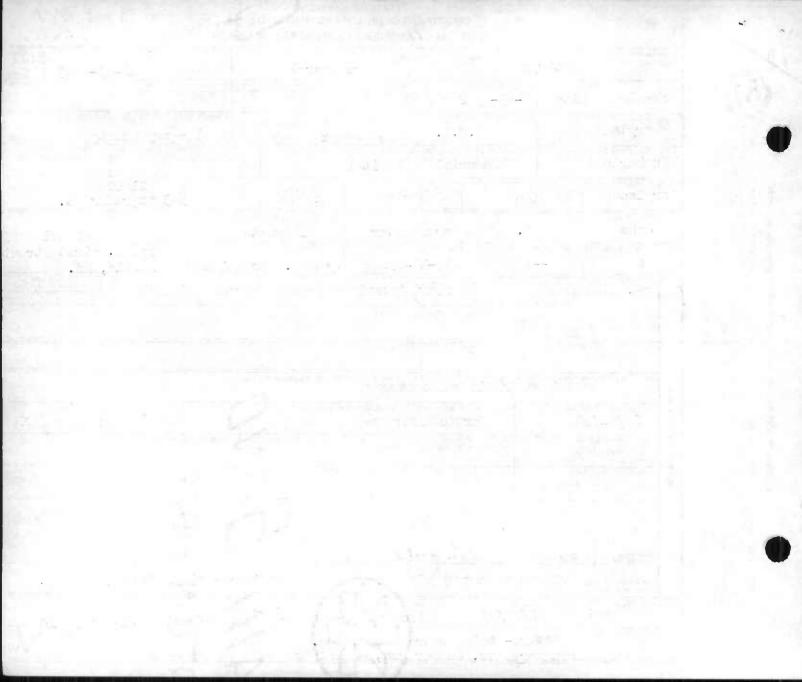
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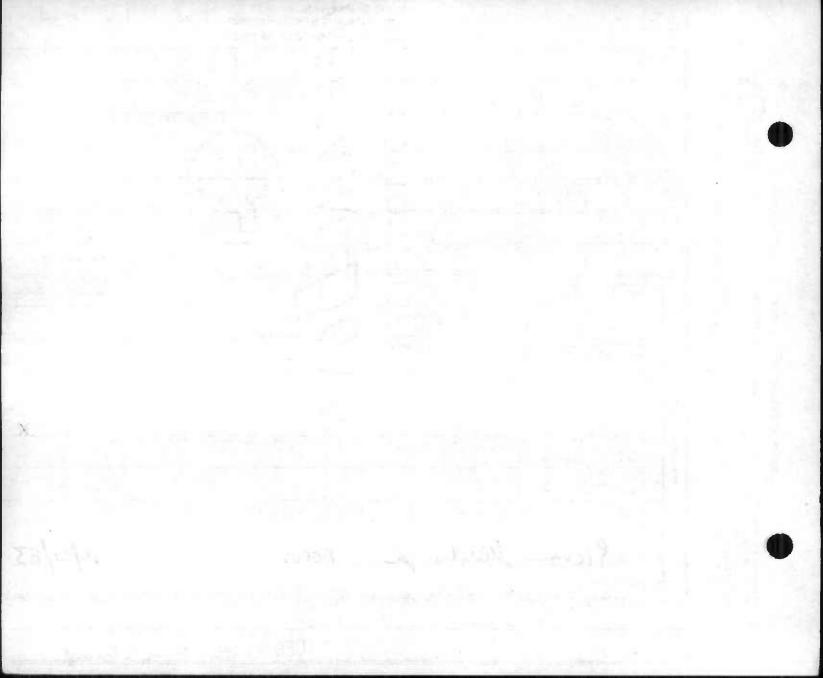
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20M 4/82





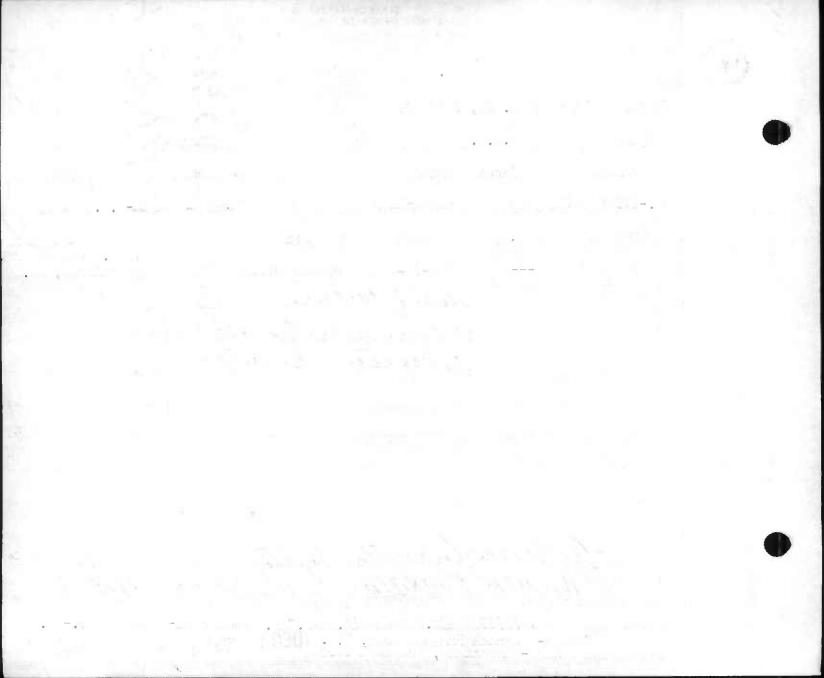
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haves offer derected by the hospital or attending physician.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

oth. Poge 4 may be

		CEASED NAME FIRST	MIDE	1502	l	ASI	20. DATE OF DEATH	MONTH DAY	YEAR 26	HOU
1	,,,,,	DEWE'	Y WILL	TAM	BUR	RKE	DECEMBER :	19. 1983		2:3
	3 SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		DER 1 YEAR OF	UNDER
30	8	Male	W	hite	July	1,°1898 ***	85	YRS	DATS HE	OUNS
19	7a. BI	RTHPLACE ISTATE OR FOREIGN COUNTRY) Tennessee	Th. CITIZEN OF WH		8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C		EATH	
52	0	TYOR TOWN OF DEATH	SACRED	HEART H	HOSPIT	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C		DUSTRY GOVE	
35	13a. 5	AL RESIDENCE (# NURSING HOME OF STATE 136 COL	INTY 13	e RESIDENCE BEFOR L. CITY OR TOW Umber la	VN_	13d. INSIDE CITY LIMITS? YES NO 🔼	130 STREET ADDRESS	ZIP CODE BOX 602		215
10	14. FA	George	WIDDLE	Burke		15. MOTHER'S MAIDEN N.	AME		Mûll	ins
7		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) 1 IF YES, G	IVE WAR OR DATES)	579-14-		Pauline Mill	er ,daughte		e as l	3a-
		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	(b)	S A CONSEQU		of mandel	uo (Squeen	ious (la)		
	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the	DUE TO, OR A (b) DUE TO, OR A (c)	s a consequ	ENCE OF	NOT RELATED TO THE TER	MIN AL DISEASE OR CON	DITION GIVEN IN	PARI Iro	
John John John John John John John John	TIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR A (b) DUE TO, OR A (c) CONDITIONS CON	S A CONSEQU	ENCE OF	NOT RELATED TO THE TERM	WINAL DISEASE OR CON 200 AUTOPSY? YES NO	DITION GIVEN IN ZOB. IF YES, WEF IN CERTIFYING YES	RE FINDINGS CAUSES OF	DEAT
	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR A (b) DUE TO, OR A (c) CONDITIONS CON: 196. CONDITIC 216. TIME OF IN HOUR A.M.	S A CONSEQUE TRIBUTING TO DO FOR WHICH	ENCE OF	a	200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS CAUSES OF	DEAT
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A STATE OF THE PROPERTY OF THE		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this has saw the deceased alive on above. (1) (we) (did) (did in an armonic control of the	DUE TO, OR A (b) DUE TO, OR A (c) CONDITIONS CON: 19b. CONDITIC 21b. TIME OF It HOUR A.M. ER) P.M. 21e. PLACE OF (AT HOME, STREET,	S A CONSEQUENTING TO CONFORMATION FOR WHICH	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	21c HOW INJURY OCCUP 211 LOCATION STREET 19 22 nd that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	ZOB. IF YES, WEF IN CERTIFYING YES THE TENTE AND THE TENTE	RE FINDINGS CAUSES OF PART 2)	ST (I) (wasses sto
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DETERMINE AT WORK AT WORK 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this has sow the decased alive a above, (1) (we) (did) (did not alive or above, (1) (di	DUE TO, OR A (b) DUE TO, OR A (c) CONDITIONS CON 196 CONDITIC 216. TIME OF IT HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET, DITO) of tended the d	S A CONSEQUENTING TO CONFORMATION FOR WHICH	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCUI 211 LOCATION STREET 19 8 3 nd that in (my) (our) opinion DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	ZOB. IF YES, WEF IN CERTIFYING YES THE TEMPERATURE TO THE TEMPERATURE	RE FINDINGS CAUSES OF PART 2)	Sint (I) (vasses sto
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SAGE ARE LATER CO. THE PARTY PRINTER ANTINOPERANTAL 25-2 division of the THE SACRED HEAVY HOSPITAL 24 F. M. 25 T. 25 11 20 7 e Change to the contract



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- CONTROL OF	2000

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH A

KILAND	(3	465	
ND MENTAL HYGIENE	0	0	
OF DEATH		DEC. N	

- STATE REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO.		
I. DECEASED NAME FIRST (TYPE OR PRINT) NELLI	E LEE	BUTTS		DECEMBER 7, 19	DAY YEAR	11:20 P M
3. SEX Female	4.RACE White	5. DATE OF BII MONTH	RTH YEAR 20 1913	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	# UNDER 24 HRS HOURS MIN
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUN	MARRIED X	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COU	Alleo	
CUMBERLAND	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE MEMORIAL HOSE	PITAL	THER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Employee	GLIFE) INDUSTRY	of BUSINESS OR tile
	ROTHER INSTITUTION GIVE RESIDENCE NTY 13E. CITY OR Cumbe:	rland YE	INSIDE CITY LIMITS?	13e STREET ADDRESS 349 Davidson	Street	1502
14 FATHER'S NAME First Frederick	2003-000	uff	MOTHER'S MAIDEN N FIRST Mary	WIDDLE	LA!	mith
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GY	VE WAR OR DATES!	7 2270	MFORMANT ylvester H		Davidson perland,M	
PART I. DEATH WAS CAUSE 4960 Conditions, if ony, which gove rise to immediate cause [a], stating the underlying cause lost.	DUE TO, OR AS A CANS (b) DUE TO, OR AS A CONS (c)	oxpu	Have Luona	le DED		
PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING (1) ON CONDITION FOR W	1 disec	4-20 1	MINAL DISNASE OR CONDITION 201. AUTOPS TES AND	Millo	VIQ VIGS USED
TO THE		1 DAY YEAR 19	HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2} COUNTY	STATE
220.1 certify that Withis hosp	ital) attended the deceased for view the body after death.		REE ATTENDING	n death accurred on the date and		

226. PHYSICIAN'S NAME (TYPE OR PRINT) DR. SHAN A NATHAN

24 FUNERAL DIRECTOR

BUILDING MEDICAL HOSPITAL 21502 MARYLAND ATION TY OR TOWN CUMBERLAND,

BURIAL, CREMATION, REMOVAL	23b DATE	230 NAME OF CEMETERY OR CREMAT	ORY	23d. LOCATION	COUNTY	STATE
Burial	Dec 1,1983	Hillcrest Burial	Park			

DHMH - 16 50M 4/B2 (VRA 15, 4)

ottending physicial

etained by the hospital ar HOSPITAL

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayol.

IMPORTANT: If them 21 is marked or them 18 shows ony injury, an other traumotic event, the medical propriet manner all that the propriet is marked or them.

NAME ADDREAMON Decatur St Silcox-Merritt Funeral Service Cumberland, Md

Make and Tellief Properties of the Month Service Service County

1	40	FOR
		REGIS

I in by the funeral director, page 3 be tilled within 72 hours after death

after deoth. Poge 4 may be

STATE OF MARYLAND

U	J	1	and a	9	
REG NO					

1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO.	0 1	4 4 3
(TYPE	CEASED NAME FIRST OR PRINT) TENED	Mangueret Mangueret Mangueret Mangueret	Cole	mas	20. DATE OF DEATH MON		26. HOUR
3. SE)	Female	White	Sept		92	YRS.	S HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OR C		٨
	ty or town of death Cumberland	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STAFF (M) Pr) q n		or other institution	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		OF BUSINESS C
13a, S	TATE, 136,COU	nother institution give residence deforming any 130. GITY or to Cumbe:	ore admission) own rland	13d. INSIDE CITY LIMITS?		08 Fayett	e St.
14. FA	rther's name Frank	MIDDLE Graben	stein	15. MOTHER'S MAIDEN NAM	WE INTO	Milte	nberger
	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SEC VE WAR OR DATES) 217-14-		17. INFORMANT Mary Ann Cole	ADDRESS eman (Daughte		s 13a-e
		nly one cause per line for (a), (b), (b), (b) BD BY: TE CAUSE (o) DUE TO, OR AS A CONSECTION OF THE CAUSE (c) DUE TO, OR AS A CONSECTION OF THE CAUSE (c)	DUENCE OF			30	yrs, s
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDIT	ION GIVEN IN PART	110
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED		DE IF YES, WERE FIN CERTIFYING CAUS YES	
	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM 18 PART OR PART	2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive of	Mo Usal Es	83 , , ,	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 5 27e. ADDRESS	deoth occurred on the dote MEDICAL STAFF DIRECTOR PHYSICIAL	22c. DA	-, that (I) (we) the couses stated at E SIGNED
22		OTHSTEIN M.P.		48 BROADW		URG- N	1.2153
	BURIAL, CREMATION, REMOVA			trick's Cem.	Cumberland	ATTERS	ny M

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherhaing physicion and at should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or ottending physician.

BP.

are-Stein Funeral Ho Ave. Cumber Tand, MD 24. FUNERAL DIRECTOR Leasure Balt.

DAT RY DADS SISTEM TO REGISTER'S SONATURE

Grabenstein Frank 217-14-4309A 1 no ACKLD " 83 a. Pati

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	1.0	REGISTRAR DECEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DÉATH MONTH DAY YE	AR 2b HOUR
n f 7		YPE OR PRINT) JOSE	PH T.	CONNELLEY		6:30
2-/	3. 5	SEX SOSE.	4. RACE	5. DATÉ OF BIRTH	DECEMBER 15. 1983 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I	
沙	d	MALE	White	Jan. 29 1903	YRS.	DAYS HOURS MI
10	3	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUN	MARRIED X NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEAT Allegany	тн
	2	CUMBERLAND	MEMORIAL I	HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS	nd of Business STRY Newspaper
filled is	5 US	DUAL RESIDENCE (IF NURSING HOME B. STATE 136 CO Maryland Al	UNTY 13c. CITY OR	e BEFORE ADMISSION) R TOWN 13d. INSIDE CITY LIMITS? PERLAND YES X NO	130 STREET ADDRESS 503 Franklin S	t. 215
and 2 is			k K. Connelley		Anna Metzner	LAST
Popes	160	WAS DECEASED EVER IN U.S. (18 YES NO OR UNKNOWN) (18 YES	GIVE WAR OR DATES)		s Connelley, Cumberlar	nd, Wife
thendi ve car ian, ar	1	Canditions, if any, which	DUE TO, OR CON	SEQUENCE		
n signed by the attendi Then please remave car to burial, cremation, ar njury, ar ather traumati	NO		DUE TO, OR A A ON	COND, CHO	rminal disease or condition given in Pai	RT 1(D)
hos been signed permit. Then plea	THECATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR A A ON!	COND, CHO	200 AUTOPSY? 200 IF YES, WERE FI	INDINGS USED
ficate has been signed irransit permit. Then plea I Hygiene prior ta burial I B shows any injury, ar	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTION 196 CONDITION FOR W 196 TIME OF INJURY HOUR A.M. MONTH	G TO DEATH BUT NOT RELATED TO THE TELEVISION WAS PERFORMED H DAY YEAR 19	20e AUTOPSY? 20b IF YES, WERE FI	INDINGS USED USES OF DEATH? NO
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TOR: After this certificate has been signed or use as the burial-transit permit. Then plear if Health and Mental Hygiene prior to burial is marked or Item 18 showshap injury, ar		gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAMIL 21d. INJURY OCCURRED WHILE NOTHY MEDICAL EXAMIL 21d. INJURY OCCURRED WHILE NOTH WHILE AT WORK 22a.l certify that 3) (this has beed alive about 10 posed alive and 10 posed alive and 10 posed alive and 10 posed) (a)	T CONDITIONS CONTRIBUTING 196 CONDITION FOR W. 216. TIME OF INJURY HOUR A.M. MONTH P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	G TO DEATH BUT NOT RELATED TO THE TELEVISION WAS PERFORMED H DAY YEAR 19 211. LOCATION STREET From 19 . and that in (my) (aur) apinion	20a AUTOPSY? 20b. IF YES, WERE FI IN CERTIFYING CAI YES VES VES VES VES VES VES VES VES VES V	INDINGS USED USES OF DEATH? NO TO STAIR ST
DIRECTOR: After this certificate has been signed ached for use as the burial-transit permit. Then plea to Epst. of Health and Mental Hygiene prior to burial If Hem 21 is marked or them 18 shows any injury, ar		gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTEY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that all (this has all work) 22b. SIGNAT Inv.	DUE TO, OR A AN A ON! T CONDITIONS CONTRIBUTION 196 CONDITION FOR W DEATH HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, O	G TO DEATH BUT NOT RELATED TO THE TELEVISION WAS PERFORMED H DAY YEAR 19 211 LOCATION STREET Trans . and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	20e AUTOPSY? 20b. IF YES, WERE FINCERTIFYING CALLYES VES NOT VES STATEMENT OF PARTY OF PARTY OF TOWN COUNTY OF TOWN 19 In death occurred an the date and haur and from	INDINGS USED USES OF DEATH? NO
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YUR ALIA STELS No. of Foliage 2 confermou. Soints danner. Destrictli, undervend, ne. 1110 24 38.

		JAMES	C	COX		DECEMBER 25	5, 1983	0:31
	3. SE	Male	White	5. DATE O	1925 11 16, 498	3 S8	THOAY) # UNDER 1 YE MONTHS OA	
MS?	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY Maryland	76. CITIZEN OF WHAT CO	OUNTRY? 8. MARRIE WIDOWE	NEVER MARRIED	ΔΊΙΘ	gany	
20	10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, MEMORIAL H	GIVE STREET ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTI	emble
93	USU 130.	AL RESIDENCE (IF NURSING HOME OF STATE W. Va. MII	ROTHER INSTITUTION, GIVE RESID		13d. INSIDE CITY LIMITS?		skadon La	1.1.1
12	P. E.	ATHER'S NAME	Thomas C	o'X	15. MOTHER'S MAIDEN N		Dawson	LAST
Ded C		VAS DECEASED EVER IN U.S. AF		CIAL SECURITY NO. -32-7094	Vergie Co	x Rd 4 Key		•
prior ta buriol, crema any injury, ar other tr	CATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT HE DO 19a DATE OF OPERATION	Tic Joilu	<u></u>		MINALDISEASE OR CON	IDITION GIVEN IN PART 20b IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USEI
al Hygiene	AL CERTIFI	21a. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MC	ONTH DAY YEAR	21c. HOW INJURY OCCU	YES NO NO NO INJURED (ENTER NATURE OF INJU	YES 🗆	NO [
C 0	0	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJUI	19				
h and Me	MEDICAL	216, INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO		211. LOCATION STREET	CITY OR TO	OWN COUNTY	5
af Health and Me 21 is morked ar It	WED	while NOT WHILE AT WORK AT WORK AT WORK 1) (this hosp	(AT HOME, STREET, FACTO	ory, OFFICE, FARM, ETC.)		3 , to 19	1951.1983	_, that (l) (v
ore Dept. of Health and Me	MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO	ory, Office, FARM, ETC.) sed from	STREET	n death occurred on the d	tote and hour and from the part of the par	that (i) (v) the couses state SIGNED

KEYSER W. VA.

MIDOLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26 HOUR 8:51

20. DATE OF DEATH

Item 5 G588 2/6/84JAB

14 FUNERALDIRECTEN ROTRUCK

DHMH - 16 50M 4/82 (VRA 15, 4)

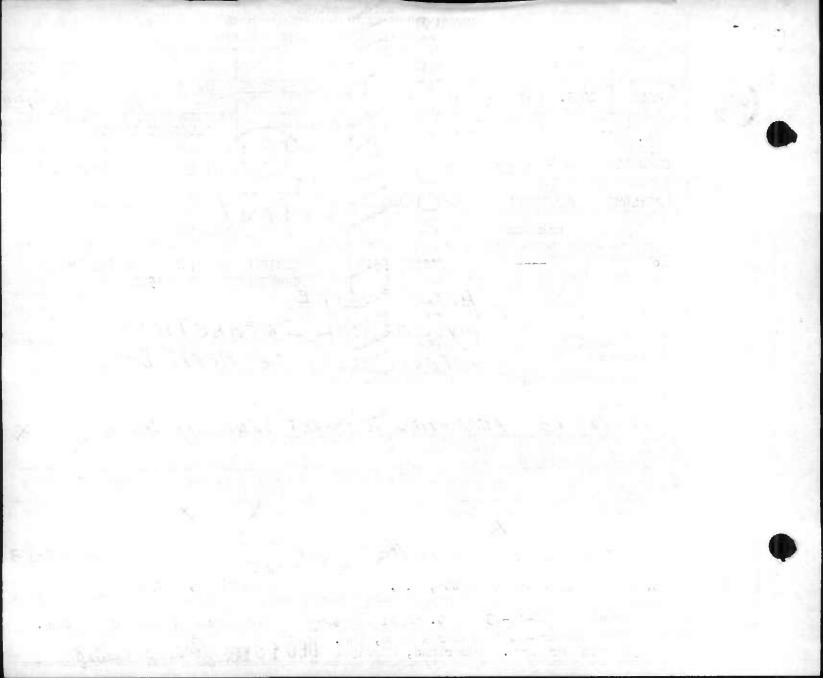
- STATE

(TYPE OR PRINT)

REGISTRAR

I. DECEASED NAME

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LAND	24 24	ly fills should	100	14.5	Md -
MARY	ba with	aplete	1/	15. 17	CI
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may etained by the hospital as attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the this should be detached for use as the buriol-transit permit. Then please remove carbanpapers, Pages 1 and 2 should be lifed with the State Dept. of Heelth and Mental Hygiene prior to buriol, cremation, or removal.	MPORTANT: If them 21 is marked or them 18 shows any injury, ar other troumatic event, the medical examinent	160.	VAS DE VES. NO C NC
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	O HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician.	OR: A	is mo		220.1
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICATE OF DEATH	REG. NO).
	EASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOU
	Vlu	w	o alex	Genbaux	December	14.1983 6
3. SEX		4 RACE		OF BIRTH YEA	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS
	Female	White		v. 16, 1899	84	YRS.
	THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	RRIED NEVER MARRIE	9. BALTIMORE CITY O	R COUNTY OF DEATH
	Maruland	U.S.A		OWED DIVORCE	D Alle	
10 CIT	Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HO	ME OR OTHER INSTITUTIO	N 120 USUAL OCCUPATION	
	Cumberland	Nursing			Clerk-	City Dairy
USUAI 130, ST	L RESIDENCE (IF NURSING HOLDER)	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISS	(ION)	ITS? 13e. STREET ADDRESS	215/12
		leganu	Cumbertand	YES NO		entre Street
	HER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDI		1.57
	Charles	W.	Deffenbaua	4		a Piper
	AS DECEASED EVER IN U.S		166. SOCIAL SECURITY N		ADDRE	ss 905 Fayette St
(YE	NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	214-05-4917	A William E	. Beal	Cumberland, Ma
T	18 CAUSE OF DEATH (Ent	er only one soure no				APPROXIMATE INTER
	PART I. DEATH WAS CA	AUSED BY:	(1	/Δ.		
	11-210 (MME	DIATE CAUSE (a)				
1	7300	DUE TO, C	OR AS A CONSEQUENCE	OF .		
	Canditians, if any, whic	h ((b)_				
	gave rise to immediat	e)				
	couse (a), stating th		OR AS A CONSEQUENCE	OF .		
	underlying couse las	· (c)				
	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(g)
Z		Gen	erd dela	lit.		
CERTIFICATION	90 DATE OF OPERATION	19h CONE	OITION FOR WHICH OPER	ATION WAS PERFORMED	20m AUTOPSY?	206. IF YES, WERE FINDINGS USED
FIC					Was a water	IN CERTIFYING CAUSES OF DEAT
RT				In House	YES NO	YES NO
Ü	210. ACCIDENT WAS UNDERLYIN		OF INJURY L.M. MONTH DAY Y	FAR TIE HOW INJURY C	CCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
A	OR CONTRIBUTING CAUSE O	PEDEATH	P.M.	19		
MEDICAL	21d. INJURY OCCURRED		OF INJURY	211. LOCATION		
N.			TREET, FACTORY, OFFICE, FARM, ET		CITY OR TO	WN COUNTY S
-	AT WORK AT WORK			-1		
	220.1 certify that (I) (this I	ospital) attended t	he decensed from	12/ 100	10 10/	19 19 that (1) (v
	saw the deceased pliv	1 -	19 83	and that in (mu) (qur) a	ninian doubt accurred a the de	ste and haur and from the causes sta
	abave, (I) (we) (did) (d	id nat) view the bas	y ofter death.	, and mar in (my) (dor) a	pen dedili decorred de the de	one one floor and from the causes sto
	22b. SIGNATU	//	/	DEGREE	/	22c. DATE SIGNED
	To	VIIIN	/	MA) ATTEND	INGMEDICAL _ STAF	F _ 1//2
	4 4	wi.		PHYSIC	IAN TI DIRECTOR PHYSIC	IAN L
	224 PHYSICIAN'S NAME	TYPE OR PRINT)	11 6	22e. ADDRESS	000 1	1000
		HAY	MOJ	30	Silvent	. Uluberland 1
	*	1012	· ·		2000	
	JRIAL, CREMATION, REMO			OF CEMETERY OR CREMA	CITY OF TOWN	COUNTY
1	Burial	12/6/8	33 Hille	rest Burial 1	ark Cumberlan	id-Allegany CoM
				Home, P.A. 1		
	NAME	nge-upeni	APDRESS	nome, Tono	UEC 1 1 1002	John 9 C.
3						CAR TOWNS - CONTRACT OF STATE
20	12 Greene St	reet-Cumbi	erlana, Mary	cana 21302	5000	1 contract

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the furshould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

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	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARY MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG	IENE 8 S	3 1	447
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20	20. DATE OF DEATH		Zb. HOUR
	3. SE	WAL	TER GERGER	DELOZI	£K	December 2		6:59 M
	J. SEA	Male	White	_ MONTH . DAY	YEAR	O. ACE THE CONTROL OF	MONTHS	
W				-4 22	1310	9 BALTIMORE CITY OF	YRS.	YU
15		RTHPLACE (STATE OR FOREIGN Pennsylvania	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVE	R MARRIED DIVORCED	Alle		MD.
DO Control	Cı	umberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Memorial Hospi	tal	ISTITUTION	Retired Ca	on 12b. K working Life) INDU rman Help	ind of Business or istry er-Railroad
d John St. Do	13a. S	STATE	other institution, give residence before NTY 13c. City or tow Cumberl	'N 134. INSIDE	CITY LIMITS?	134. STREET ADDRESS 625 E1	m St. 2	1502
)//	14 FA	ATHER'S NAME George	G. DeLozier	15. MOTHE	R'S MAIDEN NA FIRST	ME MIDDLE Emmar Pe	try	LAST
medicol		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU 705-09-			eth J. Delo:		berland. Wif
or other troumatic event, the		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF	ante	rydisi		-years
hows ony injury.	CERTIFICATION	Interty 190 DATE OF OPERATION 3 RUL & 3	3 Frole	OPERATION WAS PER	FORMED	VON AUTOPSY? YES NO	20b. IF YES, WERE I	
or Hem 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING SAUSE OF DEVELOPMENT OF BUTTON OF THE PROPERTY OF	P.M. 12 6	2 19 5 5 211 LOCA		WITH MA	We de la comp	ART 2)
morked	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC) GZ	4ll	a Guin	who I	3. that (1) (we) lost
		sow the decrosed alive on above, (I) (did) (did no	12 2 190 it view title body of ferdeath	, and that in (m	ny) (our) opinion	death occurred on the do		om the couses stated
PORTANT: If Hem 21 is		226. SIGNATURE	Fidaly 3	III)	ATTENDING PHYSICIAN	MEDICAL STAF	F _ /	2/27/8-3
MPORT.		Dr. Robert Fed				Orive Cumbe	rland, Md	21502

236 DATE

23c. NAME OF CEMETERY OR CREMATORY

STATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 12-28-1983 24 FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, Md

Cumberland, Sunset Memorial Allegany Md Park

DHMH - 16 50M 4/82

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(VRA 15, 4)

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		CEASED NAME	BERLAND, MD	MIDDLE	CERTIFICATE		2a DATE OF DEAT	G. NO. H MONTH D	DAY YEAR	2b HOUR
	[TYP]	CHA	ARLES ADDIS	ON	DEMOSS		DECEMBER	27. 198	2.7	7:50P A
1	3. SE		4. RACE	hite	5. DATE OF BIRTH	1906	6 AGE (IN YEARS LA		IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
1/5		RTHPLACE (STATE OR FOR COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8	EVER MARRIED DIVORCED	9 BALTIMORE CIT			MI
50	10. ⊂	ITY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET HEART HO	NG HOME OR OTHE		17a USUAL OCCU	PATION	12b. KIND C	OF BUSINESS OR
药	USU 130	AL RESIDENCE (IF NURSING			E ADMISSION) VN 13d INS	IDE CITY LIMITS?	130 STREET ADDRE	ESS / ZIP CODE BOX 12	23A	21502
10	14 F/	William	WIDDLE	DeMoss	15 MO	rher's maiden na Roseanna	ME	LE	Dere	mer
1		WAS DECEASED EVER IN YES, NO OF GIVENOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	220-10-8	1111	es I. Dor		Cumberla		
		Conditions, if ony, w	which (ibi_	OR AS A CONTEGU	tatetis	R lea	9		20	non
	NOI	gove rise to immed couse (a), stating underlying couse	which diote	R AS A CONSPOS	DEATH BUT NOT RE	R league	MINAL DISEASE OR C	OND ITION GIVE	20 20 EN IN PART 10	non
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9	MEDICAL CERTIFICATION	gove rise to immedicate to immedicate to income in	Which diote the lost. EICANT CONDITIONS C DN 19b. COND LYING HOUR A EXAMINER) P 21b. PLACE LATHOME SI	ONTRIBUTING TO	AY YEAR 19 216. HG	CERFORMED C	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY	, WERE FINDII YING CAUSES	NGS USED S OF DEATH?
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nem 21 is morked of nem 18 shows only injury, or affect	MEDICAL	gove rise to immedicate to immedicate to income to income to income underlying couse PART 2. OTHER SIGNIF 190. DATE OF OPERATIO 210. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER, NOTHY MEDICAL 210. INJURY OCCURRED WHILE AL WORK 270. I certify that (I) (14) sow the deceosed obove, (I) (we) yellowed.	Which diote the lost. FICANT CONDITIONS CON	ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH D OF INJURY REET, FACTORY, OFFICE, the deceased from	AY YEAR 19 71f LO DEGREE	CATION STREET ATTENDING PHYSICIAN DORESS , 912 SET	200 AUTOPSY? YES NO NO CITY OF THE PROPERTY O	206. IF YES IN CERTIFY YES IN CERTIFY YES ORTOWN DRITOWN STAFF YSICIAN CUMBERL	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE that (I) (we) lost couses stated

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the build-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked at Hem 18 shaws ony injury, at other traumatic event, the medical excel

death. Page 4 may be

STATE OF MARYLAND FOR STATE

IDECEASE NAME PROJECT TO PROMINE Devember 15, 1983 Noun	REGISTRAR		CERTIFICATE OF	DEATH	REG. NO			
Alexander Demning DeVault December 15, 1983 M. SEX SEX SEX SEX SEX SEX SEX	1. DECEASED NAME FIRST	WIDDIE	LAST		20 DATE OF DEATH	NONTH DAY	YEAR	26 HOUR
Male White OT 05 17 BRITHPACE STATIONIONION TO COUNTY METYLAND USA BRITHPACE STATIONIONION TO COUNTY METYLAND USA BRITHPACE STATIONIONION TO COUNTY METYLAND USA TO CHIVER NOT WHAT COUNTY METYLAND USA USA TO CHIVER NOT WHAT COUNTY TO WINDOWS D DWORCED UNDOWS D U	Alexand		DeVault				83	м
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Maryland USA MARRED Never MARRIED MODITION FOR ALL NURSING HOME OR OTHER INSTITUTION 178 USUAL OCCUPANT 178 USUAL OCCUPAN				17		YRS		HOURS
Maryland USA Module Divorce	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARDIED NEVER	MARRIED []			EATH	
Carlos Route 1, Box 223 Laborer INDUSTRY Steel Laborer	Maryland		WIDOWED [NORCED				MD
USUAL RESIDENCE (IF NORMAN COUNTY THE ACTION OF REMANDER MORE ANALOGY AND ANALOGY OF THE ACTION OF T	10 CITY OR TOWN OF DEATH			STITUTION				BUSINESS OR
134 STATE 136 COUNT 136 COUNT 137 COUNT 138 STREET ADDRESS 1		Route 1, E	30x 223					teel
MARYLAND Allegany Frostburg VES NO BY NO B	USUAL RESIDENCE (IF NURSING HOME OF 13e STATE 13b COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 130. CITY OR TO	ORE ADMISSION) WN \$13d INSIDE	CITY LIMITS?	13e STREET ADDRESS			
James DeVault Rebecca Metz Rebecca Rebecca Metz Rebecca Metz Rebecca Metz Rebecca Rebecca Metz Rebecca Metz Rebecca Rebecca Rebecca Rebecca Rebecca Rebecca Metz Rebecca	Maryland All					Box 2	223/	21532
DeVault Rebecca Metz No		AUDDIE 1AST	15. MOTHER				LAST	
The MAS DECEASED EVER IN U.S. ARMED FORCES? [146 SOCIAL SECURITY NO. 214 07 3914] Christine B. DeVault - same as above [157 No. 0] EVENT OF MARCH 18 SAME AND REAL STAFF (155 No. 0] EVENT OF MARCH 18 SAME AND REAL STAFF (155 No. 0] EVENT OF MARCH 18 SAME AND REAL STAFF (155 No. 0] EVENT OF MARCH 18 SAME AND REAL STAFF (155 No. 0] EVENT OF MARCH 18 SAME AND REAL STAFF (155 No. 0] EVENT OF MARCH 18 SAME AND REAL STAFF (155 No. 0) EVENT OF MARCH 18 SAME AND REAL STAFF (155 No. 0) EVENT OF MARCH 18 SAME AND REAL STAFF (155 No. 0) EVENT OF MARCH 18 SAME AND REAL STAFF (155 No. 0) EVENT OF MARCH 18 SAME AND REAL STAFF (155 No. 0) EVEN OF MARCH 18 SAME AND REAL STAFF (155 N			t Re		MODIE	Metz	4	
18. CAUSE OF DEATH IEnter only one couse per live fly (a), ib), and (c),			CURITY NO. 17. INFORM	ANT	ADDRES	S		
PART I DELITION OF AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse—lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Iro PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Iro 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. BIF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TEST NO			3914 Chri	stine	B. DeVaul	t - san	ne a	s abov
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ird. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ird. 196. DATE OF OPERATION 196. CONTRIBUTING CAUSE OF DEATH? 216. ACCIDENT WAS UNDERSTRING OR CONTRIBUTING CAUSE OF DEATH? 4 NOW IN JURY OCCURRED 216. ENTER NOTIFY MIDICAL EXAMINER) 216. INJURY OCCURRED 216. INJURY OCCURRED 217. PART 1 OF PART 2) 218. INJURY OCCURRED 218. INJURY OCCURRED 219. DATE OF INJURY 219. DATE SIGNED 220. DATE SIGNED 221. DATE SIGNED 222. DATE SIGNED 223. DATE 224. DATE 225. DATE 226. DATE SIGNED 226. DATE OF INJURY 227. DATE SIGNED 228. DATE 228. DATE 229. DATE 229. DATE 229. DATE 229. DATE 220.	18 CAUSE OF DEATH (Enter or	nly one couse per lufe for (0), 1b), o	ond (c) //		1 0.		APPROXIM	NATE INTERVAL
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2726 SIGNATURE 2726 DATE SIGNED 2726 DATE SIG	sow the deceased alive of above (1) (we) (did) (did no	it) view the body after death.	, and that in (m)	/) (aur) apinian d	death accurred on the dat	te and hour and f	rom the co	ouses stated
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CHANG OH M.D. 48 TARN TERRACE, FROSTBURG, MD 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE	224 PHYSICIAN'S NAME HYPEO	R PRINT]	22e ADDRE				2.	1532
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(SPECIFY) CITY OR TOWN COUNTY STATE	230. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR		23d LOCATION			
Burial 12/18/83 Laurel Hill Moscow, Allegany, MD	(SPECIFY) Burial	- / - /	aurel Hill		Moscow,	Allega	nv.	MD

DHMH-16 60M 1/73 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the haspital ar attending physician.

24 FUNERAL DIRECTOR

John J. Hafer, Jr. Frostburg, MD

250. DATE RECD. BY REGISTRAR 256 ARGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

retained by the haspital or attending physician.

BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial and compileter filling in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Fagur and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

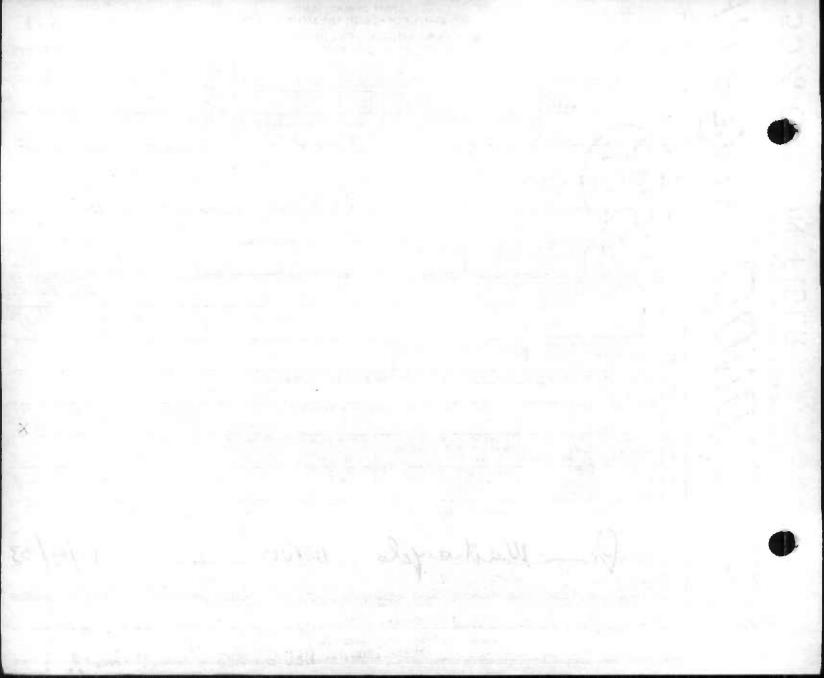
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deoth. Page 4 may be

	ECEASED NAME FIRST	MIDDLE	LA	51	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
{14b	PE OR PRINT)	ELYN MAE	DIC	KEL	DECEMBER 15,19	983	8:08
3 SE		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24
	Female	White	MONTH 80°	25 10	73 YRS.	MONTHS DAYS	HOURS
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.		9 BALTIMORE CITY OR COUNTY	OF DEATH	
	Maryland	USA	WIDOWEL	MEVER MARRIED DIVORCED	ALLEGANY COUN	YTY	
10 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME O	R OTHER INSTITUTION	12e USUAL OCCUPATION	126 KIND C	OF BUSINES
	Cumberland	(IF NOT IN SUCH FACILITY, GIVE STREE SACRED HEA		PITAL	Housewife	HOI HOI	ne
13a.	STATE 13b. COI	or other institution, give residence before JNTY 13c. CITY OR TOV Legany Mt. Sa	WN 1	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE P.O. Box 43	4/ 2	1545
_	ATHER'S NAME			15. MOTHER'S MAIDEN NA			
	Robert	Wills	1/2 4/2	Sadie	WIDDIE	Lewi	5
	WAS DECEASED EVER IN U.S. A		URITY NO.	17 INFORMANT	ADDRESS		
	(YES, NO OR UNKNOWN) (IF YES, C	215 74	5866	Francis D	ickel - same a	as abor	ve
	18 CAUSE OF DEATH (Enter	only one couse per line for (b), o	nd (c).)			APPROX BETWEEN	MATE INTERVA
1	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	dias	Lorsof o	alo		ment
	4140		IENICE OF	0	0.0		
	Conditions, if ony, which	DUE TO, OR AS ACONSEQU	TO LLO	Front Co	- ta. Vanna	yz	0
			CANON	OF LANTENIN	\ GULLIVIU	/\	-
	gove rise to immediate	DUE TO OP AS A CONSEQU	IENCE OF	V A	raccioa	0	
		DUE TO, OR AS A CONSTOL	UENCE OF	elerotee H	reart Diseas	2 41	w
	gove rise to immediate couse (a), stating the underlying couse lost.	(c) How	Mes	elerate W	reart lices	VEN IN PART	<u>.</u>
NO	gove rise to immediate couse (a), stating the underlying couse lost.	(c) How	Mes	Elevate W	reat Druces	VEN IN PART	<u>.</u>
CATION	gove rise to immediate couse (a), stating the underlying couse lost.	(c) How	DEATH BUT I	eta	20a AUTOPSY? 20b. IF YE	S, WERE FINDIN	
TIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	DEATH BUT I	N WAS PERFORMED	206 AUTOPSY? 206, IF YE. IN CERTII YES NO YE	S, WERE FINDING CAUSES	
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MEDICAL	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN' 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT W	196 CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 196 CONDITION OF THE PRINT OF THE PRIN	DOPATH BUT I	211 LOCATION STREET 21 to CATION STREET 22 to CATION STREET 22 to CATION STREET 23 to CATION STREET 24 to CATION STREET 27 to CATION STREET STR	206 AUTOPSY? YES NO YE RED (ENTER NATURE OF INJURY IN ITEM 18 I	S, WERE FINDING CAUSES COUNTY 19 22. DATE	STA that (I) (we couses state SIGNED

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DUNNIVAN

WIDOWEDAT

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

REG. NO

20. DATE OF DEATH MONTH DAY YEAR December 3. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS.

5. DATE OF BIRTH MONTH 1920 May 12

MARRIED NEVER MARRIED

9 BALTIMORE CITY OR COUNTY OF DEATH

12a, USUAL OCCUPATION

Allegany 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY P.V. Hospital cleaning staff

13d. INSIDE CITY LIMITS? NO [

DIVORCED

13. STREET ADDRESS 15. MOTHER'S MAIDEN NAME

66 Second St. MIDDLE

Swires

FIRST MIDDLE Harry 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

Cumberland

- STATE

TYPE OR PRINT)

WV.

WV.

IFICATION

MEDICAL

14 FATHER'S NAME

No

(YES. NO OR UNKNOWN)

SEX

REGISTRAR

Female

IS. CITY OR TOWN OF DEATH

To. BIRTHPLACE (STATE OF FOREIGN

DECEASED NAME

Martin 16b. SOCIAL SECURITY NO

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Memorial Hospital

Piedmont

MIDDLE

76. CITIZEN OF WHAT COUNTRY?

YES X

17. INFORMANT

Ethel

220-10-0221 18. CAUSE OF DEATH (Enter only one couse per line form), (b), and (c). PART I. DEATH WAS CAUSED BY

James Dunnivan -66 Second St Piedmont. WV.

ETWEEN ONSET RICULAN FAILURE

couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS

LAVINE

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CUTY OR TOWN

Mineral

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE

White

U.S.A.

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIV

28a AUTOPSY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OF TOWN

JN CERTIFYIN YES

190. DATE OF OPERATION 71a ACCIDENT-WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF FITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

WHILE

(SPECIFY)

Conditions, if ony, which gove rise to immediate

> HOUR A.M. MONTH DAY YEAR PM 210 PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21b. TIME OF INJURY

211 LOCATION STREET

opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

ottended the deceased fro

23b. DATE

DEGREE

22e ADDRESS

Rest Lawn Mem. Gardens

ATTENDING

PHYSICIAN PHYSICIAN

Memorial Hospital Med.

Dr. Ismes Raver

230 BURIAL CREMATION REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

Cumberland, MD 23d LOCATION

LaVale

21502

Minn H- Fredly

Md.

COUNTY

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

	1. DECEASED NAME FIRST (TYPE OR PRINT)	RLES FINLEY	ECKHART	DECEMBER 04.	1983 050 A
	Male	4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 2-
	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	03 01 01	82 YRS.	OF DEATH
35	Maryland	USA	MARRIED NEVER MARRIED WIDOWED NOVORCED		GANY COUNTY
50	10. CITY OR TOWN OF DEATH Cumberland	SACRED HEART	T HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINES INDUSTRY Coal
			YES X NO	13e.STREET ADDRESS / ZIP CODE	2152
example ()	John The	mas Eckhart	15. MOTHER'S MAIDEN N FIRST Rachel	Peng	elly
medico!	160 WAS DECEASED EVER IN U.S. A	INE WAR OR DATES!	CURITY NO. 17. INFORMANT 5 9245 H. Edwin	ADDRESS 1	9
rinjury, c	PART 2 OTHER SIGNAFICAN 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	Rome obstry	O DEATH BUT NOT RELATED TO THE TER THE LINE DISECTOR CHOPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES	LUNG. WERE FINDINGS USED YING CAUSES OF DEATH
60			Tale HOW INTURY OCCU	YES NO YE	S NO
am 18 shows an		EATH	DAY YEAR	(Elder Amort O. major and major	ART I OR PART 2)
rked or Hem 18 shows an	VIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAMINATION OF COLUMN OF CO	EATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CITY OR TOWN	
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IMPORTANT: If Hem 21 is marked or Hem 18 shows an	OR CONTRIBUTING CAUSE OF I (IF ETHER NOTEY MEDICAL EXAMINATION 21d. INJURY OCCURRED WHITE NOT WHITE AT WITH A W	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) pital) attended the deceased from the control of t	DAY YEAR 19 211 LOCATION STREET 19 10 11 11 11 11 11 11 11 11 11 11 11 11	(ITY OR TOWN	COUNTY 517

DHMH - 16 50M 4/8 (VRA 15, 4)

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PHYSICIAN: The law requires that the death certificate be executed within a hours ofter death. Page 4 may be rending physician.	this certificate has been signed by the attending physician and complement that in by the funeral director, page 3 he buriol-transit permit. Then please remove carbon papers, frages and a buriol-transit permit. Then please remove carbon papers, frages and a buriol to buriol, cremation, or removal.	
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PHYSICIAN: The tending physician.	this certificate has been signed by the attending physical be buriol-transit permit. Then please remove carbanapper and Mental Hygiene prior to burial, cremation, or removal.	
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STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0.		
	CEASED NAME	FIRST	A	AIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	
(1177	E OR PRINTS	A11	en	L	Eme	rson	12/7	/83	11:20am	
3. SE	х		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS	1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.	
1	Male		Whit	te	9		77	YRS.		
	IRTHPLACE (STATE OR	FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		ATH	
	Maryland		Americ	ica wibo		DIVORCED	ALLEG		MD	
Frostburg		11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES Frostburg Commun		unity	Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) RETIRED—KAISER REFRACTOR I				
13a S	AL RESIDENCE (IF NURS STATE Maryland	13b. COUN	other institution of the state	GIVE RESIDENCE BEFORE 131. CITY OR TOW Frostb	N	13d INSIDE CITY LIMITS?	130 STREET ADDRESS 63 High S	t, Frostb	urg MD	
14. F/	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
	DAVI			EMERSON		ARELLA		ROBISON		
60 WAS DECEASED EVER IN U.S. ARMED FORCES: (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			16b. SOCIAL SECURITY NO.		17. INFORMANT	7. INFORMANT ADDRESS				
	NO		214 07		5305	MRS. MARY	EMERSON, FR	MD.		
rion	PART I. DEATH W Conditions, if any gave rise to im- couse (a), statir underlying couse	/AS CAUSE IMMEDIAT , which mediate ng the	D BY: E CAUSE (o) DUE TO, OI	RAS A CONSEQUE	Respiratory in heart	fordul. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT Di Scesse.				
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								FINDINGS USED	
THE	4.7						YES NO	YES 🗌	NO 🗌	
									ART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 12 WORK 12 WORK 15 WORK 16 WORK 1			ARM ETC)	211 LOCATION STREET	CITY OR TO	NTY STATE			
	22e I certify that (I) (this haspital) attended the deceased from									
	226. SIGNATURE Slfwdlin.					DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF	2/7/83	
	224. PHYSICIAN'S NAME (TYPE OR PRINT)					22e ADDRESS				

Dr. S. L. Sandhir 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

DEC. 9

183

23c NAME OF CEMETERY OR CREMATORY

48 Tarn Terrace, Frostburg MD 23d. LOCATION CITY OR TOWN

FROSTBURG MEMORIAL

FROSTBURG, MD.

STATE

Durst FUNERAL HOME

BURIAL

24 FUNERAL DIRECTOR

Frostburg MD

25a. DATE REC'D. BY REGISTRAR

DHMH - 16 50M 4/82 (VRA 15, 4)

O FUNERAL DIRECTOR: After

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifled in by the should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages, I and 2 should be filled a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather traumatic

IMPORTANT: If Item 21 is marked ar Item 18 shows any

24 FUNERAL DIRECTOR F. Scarpelli

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 9

Cumberland, Md. 21502 JAN 4 1984 John & Cohin

	CE ASED NAME	FIRST	A	AIDDLE	17	AST		2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
TYPE	E OR PRINT)	ELVIN	М	ERLE	EVAN	IS				983	9:19 p	
SE	X		RACE		S. DATE O			6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MIN.	
	MALE		Whi			.2 12	1916	67	YRS.		NOORS MIN.	
	IRTHPLACE (STATE		b. CITIZEN OF	WHAT COUNT	IRY? 8.	NEVER	MARRIED .	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
	West Vir	ginia	USA		WIDOWE		VORCED [ALLEGANY			M	
). C	ITY OR TOWN OF	DEATH		HOSPITAL, NU	RSING HOME O	R OTHER INS	TITUTION	120. USUAL OCCUPATION			OF BUSINESS OF	
_	UMBERLAN		MEMO	RIAL HO	DSPITAL			Retired Co	onduc	tor Ra	ilroad	
30 5	AL RESIDENCE (IF	13b. COUN' Alle	TY	GIVE RESIDENCE 8	TQWN .	13d. INSIDE O	NO []	13. STREET ADDRESS	rch S	t. 215	02	
_	Iaryland ATHER'S NAME	VITE	Barry	o din bea	2.46710		S MAIDEN NAM		. 0	0. 22)	0 20	
F /	FIRST	Louis G	rant Ev	ans		IJ. MOTHER	FIRST	Vernie Cla	ira W	atts	51	
	WAS DECEASED E			16b. SOCIAL S	SECURITY NO.	17. INFORMA	ANT	ADDRE	SS			
-(NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	220-03	3-7345	Mrs.	Lillie	F. Evans, C	umbe			
	IS CAUSE OF DE			line for (a), (b	i, and ich	-				BETWEEN	ONSET AND DEATH	
	PART I, DEAT	H WAS CAUSED	CAUSE (o)	Ca	dus	exportmoney arest				ammedial		
	491	17		DACA CONCE	EQUENCE OF		7					
	DUE TO, OR AS A CONSEQUENCE									year		
	gave rise to immediate											
	couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE.					CE OF						
	73.5	(c)										
CERTIFICATION	PART 2. OTHER S	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
A	190 DATE OF OPERATION 196. CONDITION FOR WHICH				HICH OPERATION	N WAS PERFO	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
Ĭ								YES NO YES			NO [
W W	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY					21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)		
		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DA										
MEDICAL	21d. INJURY OCC	MEDICAL EXAMINER)	21e. PLACE		19	21f. LOCATI	ON					
ME	WHILE TO NO	OT WHILE		REET, FACTORY, OF	FICE, FARM, ETC.)	STREE		CITY OF TO	WN	COUNTY	STATE	
	220.1 certify that (1) (this haspital) attended the deceased from 12-29, 1983, to 12-31, 1985, that (1) (we) la											
	saw the deceased alive on 12 - 30 19 - 3 , and that in (my) four) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did Naid not view the body after death.											
	22b. SIGNATURE	226 SIGNATURE DEGREE 220 DATE SIGNED									SIGNED	
		an	illen	cha?	lellem	70	ATTENDING PHYSICIAN	MEDICAL STAI		36.	de 83	
	22d. PHYSICIAN	d PHYSICIAN'S NAME (TYPE OR PRINT)					220 ADDRESS MEMORIAL HOSPITAL MEI					
	DR. T.	WILLIAM	1S						502	TOWN DOI	LIDING	
3o. 1	BURIAL CREMATIC		236. DATE	T	23c. NAME OF C	EMETERY OR		TARL LOCATION				
	Burial		Jan.2,	1984	Greenmo	ount Ce	metery	Cumberla	and,	Allegan	v. Md.	
4 5	- ~** 197						100 -				7 9 224.6	

DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND

PARTMENT OF HEALTH AND MENTAL HY	GIENE B S	0		A P	3
CERTIFICATE OF DEATH	REG. N	10.			
LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HO

LACE ISTATE OR FOREIGN RYLAND R TOWN OF DEATH STBURG SIDENCE (IF NURSING HOME OF THE NURSE HOME OF THE NURSING HOME OF THE NURSE HOM	PECANY FROST	S. DATE C MONTH O.6 RY? 8 MARRIEI WIDOWE RSING HOME C REET ADDRESS COMMUN	DE OTHER INSTITUTION OPEN TO THE INSTITUTION OPEN TO THE INSTITUTION OPEN TO THE INSTITUTION OPEN TO THE INSTITUTION	12/11/83 6 AGE (IN YEARS LAST BIRTI 8-5 9 BALTIMORE CITY OF ALLEG: 1120. USUAL OCCUPATIC (TYPE OF WORK FOR MOST OF LABORER	MONTH DAY YEAR HDAY) IF UNDER 1 YEA MONTHS DAYS YRS. R COUNTY OF DEATH ANY ON WORKING LIFE) 12b. KIND INDUSTR: CELL	MOURS MIN
LACE ISTATE OF FOREIGN RYLAND R TOWN OF DEATH STBURG SIDENCE IN HURSING HOME OF THE PROPERTY O	White 7b. CITIZEN OF WHAT COUNT U.S.A. 11. NAME OF HOSPITAL, NULL FROSTBURG OR OTHER INSTITUTION GIVE RESIDENCE CROTHER INSTITUTION GIVE RESIDENCE PROSTBURG OR OTHER INSTITUTION GIVE RESIDENCE FROST MIDDLE FATKIN	S. DATE COMMONTO MARRIE WIDOWE RSING HOME COMMUN	OF BIRTH O2 O2 O3 D NEVER MARRIED D NOVECED OR OTHER INSTITUTION ITY HOSP.	8-5 9 BALTIMORE CITY OF ALLEG: 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF LABORER	YRS. YRS. R COUNTY OF DEATH ANY ON WORKING LIFE) 12b KIND INDUSTR	R IF UNDER 24 HRS HOURS MIN
LACE ISTATE OR FOREIGN RYLAND R TOWN OF DEATH STBURG SIDENCE (IF NURSING HOME OF THE NURSE HOME OF THE NURSING HOME OF THE NURSE HOM	White 7b. CITIZEN OF WHAT COUNT U.S.A. 11. NAME OF HOSPITAL, NULL FROSTBURG OR OTHER INSTITUTION GIVE RESIDENCE CROTHER INSTITUTION GIVE RESIDENCE PROSTBURG OR OTHER INSTITUTION GIVE RESIDENCE FROST MIDDLE FATKIN	S. DATE COMMONTO MARRIE WIDOWE RSING HOME COMMUN	OF BIRTH O2 O2 O3 D NEVER MARRIED D NOVECED OR OTHER INSTITUTION ITY HOSP.	8-5 9 BALTIMORE CITY OF ALLEG: 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF LABORER	YRS. YRS. R COUNTY OF DEATH ANY ON WORKING LIFE) 12b KIND INDUSTR	MOF BUSINESS O
LACE STATE OR FOREIGN RYLAND R TOWN OF DEATH STBURG SIDENCE (IF NURSING HOME OF DEATH) YLAND 133 COL YLAND 134 COL YS NAME DAVID DECEASED EVER IN U.S. A	11. NAME OF HOSPITAL, NUMBER OF THE PROST BURGE OF OTHER INSTITUTION GIVE RESIDENCE OTHER INSTITUTION GIV	RY? 8. MARRIE! WIDOWE RSING HOME C IREET ADDRESS) COMMUN	02 98 D NEVER MARRIED DOR OTHER INSTITUTION TTY HOSP.	ALLEG ALLEG 120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF LABORER	YRS. R COUNTY OF DEATH ANY ON E WORKING LIFE) IZE KIND INDUSTR' CE LI	OF BUSINESS O
RYLAND R TOWN OF DEATH STBURG SIDENCE (IF NURSING HOME OF THE NURSE HO	11. NAME OF HOSPITAL, NUMBER OF THE PROST BURGE OF OTHER INSTITUTION GIVE RESIDENCE OTHER INSTITUTION GIV	RY? 8 MARRIEI WIDOWE RSING HOME C IREET ADDRESS) COMMUN	D NEVER MARRIED DO DIO NO DIO N	ALLEG ALLEG 120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF LABORER	ANY ON 126. KIND PORKING LIFE) IZE. KIND INDUSTR' CE LI	1
R TOWN OF DEATH STBURG SIDENCE IF NURSING HOME COME YLAND ALL PS NAME DAVID DECEASED EVER IN U.S. A	II. NAME OF HOSPITAL, NUI FROST BURGE OR OTHER INSTITUTION GIVE RESIDENCE FATKIN	WIDOWE RSING HOME O TREET ADDRESS! COMMUN	DR OTHER INSTITUTION ITY HOSP.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF LABORER	ON 12b. KIND INDUSTR' CELL	1
STBURG SIDENCE IF NURSING HOME CONTROL TO THE PROPERTY OF THE	FROSTBURG OR OTHER INSTITUTION GIVE RESIDENCE PROST FROST FROST MIDDLE FATKIN	COMMUN	ITY HOSP.	LABORER MOST OF	WORKING LIFE) INDUSTR' CELL	1
SIDENCE IN NURSING HOME OF THE PROPERTY OF T	OR OTHER INSTITUTION GIVE RESIDENCE FACE IN	MONE ADMISSION)		LABORER	CEL	ANESE
YLAND ALL ES NAME DAVID DECEASED EVER IN U.S. A	FATKÍN	BURG	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	N12	200
DECEASED EVER IN U.S. A	FATKIN			90 FROS	T VILLAGE	500
DECEASED EVER IN U.S. A			15. MOTHER'S MAIDEN NAM	ME	ADA	MS
		7-3079		stburg Comm	^{SS} Hosp it al	
PART I. DEATH WAS CAUS	SED BY:				APPRC BETWEEN	XIMATE INTERVAL ONSET AND DEATH
nditions, if any, which we rise to immediate use (a), stating the derlying cause last.	DUE TO, OR AS A CONSE	nonar	y Arten	y Di Sca	20	
T 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART I	ta
DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
	SMIII.	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART T OR PART 2)	
INJURY OCCURRED ILE NOT WHILE ORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.)	ZII. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
saw the deceased alive a	12/11/83			death accurred on the dat		, that (I) (we) la
SIGNATURE SZ	Sandhir	7	ATTENDING	MEDICAL STAFF	F 121	11/83
			FROSTBURG	COMMUNITY	HOSP, FROS	TBURG,
I, CREMATION, REMOVA	12/14/83 F	ROSTB	URG MEM. PK			STATE MD
A CO EIT	AUSE OF DEATH LENTER ART I. DEATH WAS CAUSE IMMEDIA IMME	AUSE OF DEATH LENTER ONly DIRE COUSE PER line for (a), (b) ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSE (b) PUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ATE OF OPERATION 19b. CONDITION FOR WE (C) ACCIDENT WAS UNDERLYING (C) ATE OF OPERATION 19b. CONDITION FOR WE (A) AND CONTRIBUTING (C) P. M. MONTH P. M. D. MONTH CERTIFY that (1) (this hospital) attended the deceased for one brove, (1) (month) (c) (AUSE OF DEATH LENTER ONLY DIRECTORY OFFICE, FARM, ETC.) ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Conditions, if only, which (c) erise to immediate (b) Every ing cause lost. 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT (c) ATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION ACCIDENT WAS UNDERLYING (A) P.M. 19 NOTIFIBUTING (C) CONTRIBUTING (A) AND WHILE (A) NOTIFIE (A) AT WORK AT	AUSE OF DEATH LEnter only one cause per line for (a), (b), and (c). ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conduct DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM OR ATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED ATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING TO AUSE OF DEATH HITHER, MOTIETY MEDICAL EXAMINER) NUTURY OCCURRED AND WHILE TO ALL WORK CERTIFY that (1) (this hospital) attended the deceased from Line STREET OW the deceased alive an above, (1) (most (did) body and the deceased from Line STREET AND WHILE TO ALL WORK HYSICIAN'S NAME (TYPE OR PRINT) ALL SANDHIR, M.D. TO ADDRESS FROSTBURG PHYSICIAN'S NAME (TYPE OR PRINT) AND TO ADDRESS ROSTBURG PROSTBURG AND TO ADDRESS ROSTBURG PROSTBURG AND PROSTBURG PROSTBURG AND PROSTBURG A	AUSE OF DEATH IEnter only one cause per line for (a), (b), and (c.) ARTI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF control of immediate in the color of immediate in t	ANSE OF DEATH lenter only one cause per line for (a), (b), and (c). ART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) ATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. AUTOPSY? 100. BY YES (CEDENT WAS UNDERLYING 101. COLORED 211. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 102. AUTOPSY? 103. IF YES, WERE FIND 104. HOW INJURY OCCURRED (ENTER NATURE OF INJURY NOT HOME). STREET 105. AUTOPSY 106. AUTOPSY? 107. FLACE OF INJURY HOUR A.M. MONTH DAY YEAR 108. MOI WHILE 109. MOI WHILE

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the build-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buried.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician

DHMH - 16 50M 4/82 (VRA 15, 4)

FROSTBURG WDDRESS MAIN ST FROSTBURG 60 OURS 6 AL HOME ERAL

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pagewith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

injury, or other troumotic event,

Item 18 showers

MPORIANT: If them 21 is morked or

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG	IENE O REG. N	ю.		3 /
	I. DECEASED NAME FIRST		MIDDIE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
١	MARY		ELIZABETH		FISHER	DECEMBER	₹ 26.	1983	11:15A M
1	3. SEX	4 RACE		5. DATE C		& AGE (IN YEARS LAST BIS	THDAY	MONTHS DATS	IF UNDER 24 HRS
1	Female	Whit	е	Jan.		68	YRS.	January Daily	MIN.
-	70 BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	D X NEVER MARRIED	9. BALTIMORE CITY C	R COUNT	Y OF DEATH	
	Pennsylvania	USA		WIDOW	ED DIVORCED	Allegany (у,	MD.
1	Cumberland	(IF NOT IN SU	HOSPITAL, NURSING HEACILITY, GIVE STREET HO	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemaker		LIFE) INDUSTRY	Home
	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 130 COUR Maryland Garr	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Grantsvi	N	134 INSIDE CITY LIMITS? YES 🔼 NO 🗌	13. STREET ADDRESS Grant St.		. Box 3	24) 21536
1	Joseph Pa	MIDDLE	Goebl		15. MOTHER'S MAIDEN NAME FIRST Elizabet	WIDDLE		Barna	ısı rd
	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	P.ODR	E Box	324	
	(YES NO OR UNKNOWN) (IF YES, GE		215-48-4	608	Howard E. Fi	sher, Grant	tsvil	le, MD	21536
1	18. CAUSE OF DEATH (Enter or	nly one couse pe	line for (a), (b), and	1401.1				APPRO:	XMATE INTERVAL ONSET AND DEATH
1	PART I. DEATH WAS CAUSE		Raggeral	long	arrest			em	redente
1	2028 Conditions, if ony, which		R AS A CONSEQUE	NCE OF	skome			132	uhn
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF	7 7 7 7				
1	PART 2 OTHER SIGNIFICANT			EATH BUT		INAL DISEASE OR CON	IDITION G	IVEN IN PART 1	10
7	190 DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDI	
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	22b. SIGNATURE	Solly	•	九	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []		2(+)
	22d PHYSICIAN'S NAME (TYPE				22e. ADDRESS		1		
	ANTHONY BOL	LINO, M.	D.		955 FREDERIC	CK STREET,	CUMBE	RLAND.M	1D 21502
	230. BURIAL, CREMATION, REMOVAL Cremation	236. DATE Dec . 29			EMETERY OR CREMATORY W Mem. Park	23d. LOCATION CHYORTOWN Baltimore	100	COUNTY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Grantsville, MD

DEC 2 BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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BOALS FUNERAL HOME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR V	VESTERNE	PORT, MD		CERTIF	FICATE OF DEATH	REG. N	10		
DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
YPE OR PRINT)	CLYDE		ERVIN	- 1	FRANKLAND	DECEMBER	24 1	023	6:18 PM
SEX	CLIDE	4. RACE	LICTIN	5. DATE O		6 AGE (IN YEARS LAST B		IF UNDER TYEAR	IF UNDER 24 HRS
Male		White		10	14 1913 YEAR	7.0	YRS.	MONTHS DAYS	HOURS AIN.
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lary land	DEATH	U.S.A	HOSBITAL NILIBEIN	WIDOWI	DIVORCED DIVORCED	ALLEGA			F BUSINESS OR
mberland	1	(IF NOT IN SUC	RED HEART	ADDRESS) HOST		(TYPE OF WORK FOR MOST	OF WORKING		
UAL RESIDENCE (#). STATE	136 DUI		GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13e STREET ADDRESS			
Maryland	Alle	rany	Western	cort	YES 😡 NO 🗌	212 Vine	St.	21562	
FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	ī
ee		F	rankland		Amanda		Fausn	aught	
WAS DECEASED E		MED FORCES?		RITY NO.	17 INFORMANT	ADD	ESS		
Ves	WW 1	VE WAR OR DATES)	217-05-72	262	Mrs Mabel F:	rankland b	lester	nnort 1	Md.
			line for (a), (b), one	-,	1110 110001 1.	//	00001		MATE INTERVAL
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OR CONTRIBUTING	CAUSE OF DE	A I P	.M. MONTH DA .M.	AY YEAR					
214 INJURY OC		21e. PLACE			211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
220.1 certify the	ot (I) (this hosp	NI	ne decemend from	93	nd that in (my) (our) apinion	death occurred on the	date and he		that (1) (we) fast causes stated
226 SIGNATUR	m	61	By-	-/	DEGREE ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN []	22c. DATE	SIGNED
224. PHYSICIAN	'S NAME (TYPE			1	22e ADDRESS 90 MAIN STRI	EET WESTERN	IPORT.	MD. 2156	52
BURIAL, CREMAT	ION, REMOVAL		10-		CEMETERY OR CREMATORY ers Cemetery	23d. LOCATION CITY OR TOWN		county 11egany	STATE Md -
FUNERAL DIRECT		eB.	ADDRESS	FEL		TE REC'D. BY REGISTRA			
loals Fund	eral So	rvice V	lesterno	nt.	Ma. JAI	POSE CON	Jone	- Com	my

DHMH - 16 50M 4/83 (VRA 15, 4)

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S. IVA	1. DECEASED NAME FIRST	MID
The state of	HARRY	CHRIS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTIFAR	STBURG, N	MD 21532	CERTIF	CATE OF DEATH	REC	NO.		
1. DECEASED NAME		MIDDLE	1/	ST	20. DATE OF DEAT		DAY YEAR	26 HOUR
(TYPE OR PRINT)	HARRY	CHRISTIAN		GILL	DECEMBE	R 7.	1983	7:25 AM
3. SEX	4	RACE	5. DATE O		6 AGE (IN YEARS LA	I BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS
MALE	Med and	WHITE	AUG	7. 1900	83	YRS	MONTHS DAYS	HOURS MIN.
7a BIRTHPLACE (S	TATE OF FOREIGN 71	. CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
W. VA.		U.S.A.	WIDOWE		ALLEGAN	IY COUN	ITY,	MD.
10 CITY OR TOWN	OF DEATH T	1. NAME OF HOSPITAL, NU		R OTHER INSTITUTION	128 USUAL OCCU			F BUSINESS OR
CUMBERL	AND	SACRED HEAR		AL	30 YR.		EF-NAV	Y
	(IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE	DOWN DMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP COI	DE (ZIH)	LMAN)
MARYLAN			TBURG	YES NO X	RT. 2.	BOX	95 011.	25x
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JOH	N E	H. GI		VICTORIA			RUTLE	DGE
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underlying	couse lost.	1 10 Hou	Te M	gama Ol	an syn	Max	allie	1 cm
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A STOR ACCIDENT	OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF Y IN CERT	ES, WERE FINDIN	
RIE					YES NO		YES []	№ □
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(IF EITHER NO	IFY MEDICAL EXAMINER)	P.M.	19					
(IF EITHER NO 21d INJURY (21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM ETC.)	211. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
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22h SIGNIATI	000	1 (1	DEGREE	MEDICAL	STAFF	22c. DATE	SIGNED Q
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224 PHYSICU	THE NAME THE OF	and the same of th	_	22e ADDRESS				
CHA	WG OH, M	.D.		48 TARN TER			MD 215	32
230 BURIAL, CREM.	ATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	CITY OR TOV	/N	COUNTY	STATE
BURI	AT.	12/9/83	GRANT	SVILLE_CEM	GRANT	SVILL	GARRI	ETT MD

6QRESW. MAIN ST.

FROSTRURG

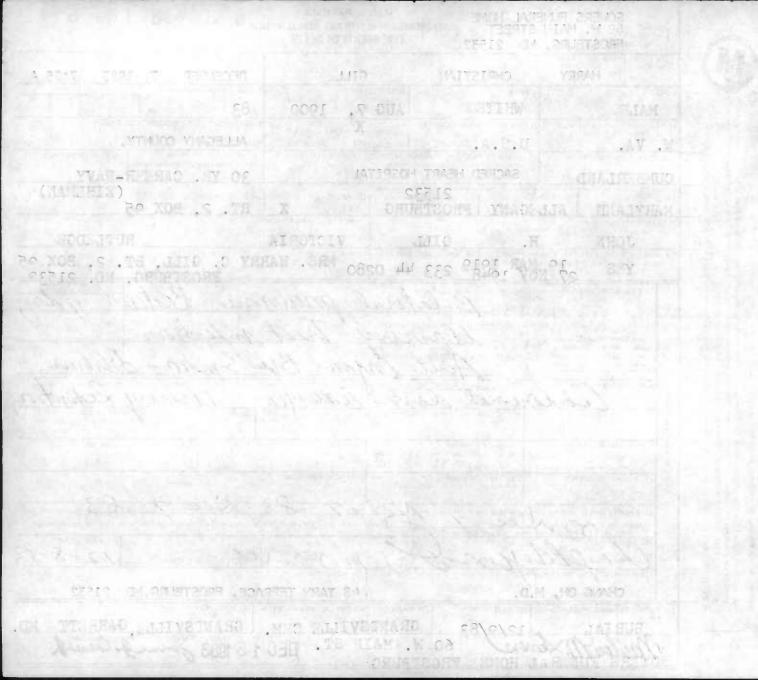
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral directly should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours awith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

Mayley M Savers



FOR - STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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25 HOUR

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	10 FUNERAL DIRECTOR, After this sertificate has been signed by the othersdrop physician and completely filled in by the life of the business o	MPORTANT, If hem 21 is morked or tem 18 shows dry injury, or dither traumotic event, the medical injuries in the restriction
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OHAWY - 16 50M 4/83 (VRA 15, 4)

	CEASED NAME FIRST	₩V 2672	WIDDLE	1.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	LAWREN		ERRY	HAN		DECEMBER	13.	1983	10:17
I. SEX		4 RACE		5. DATE C	DAY. YEAR	6 AGE (IN YEARS LAST BIR	(HDAT)	MONTHS DAY	
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0 CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND	OF BUSINESS O
	Cumberland/		D HEART H		AL	Clerk	OF WORKING LI		R.R.
	AL RESIDENCE IN NURSING HOME STATE 130, COI	ROTHER INSTITUTION INTY neral	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Keyser	N	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 169 S. D	ZIP COD		26726
A. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE			LAST
	Perry	Mobile	Hanna		Edna			Han	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU		17. INFORMANT	ADDR	3!	5 Vir	ginia S
	N●		705056	259	Arnold F.	Sirbaugh	K	eyser	WV 26 OXIMATE INTERVAL IN ONSET AND DEATH
>	Conditions, if any, which gove rise to immediate cause [a), stating the underlying cause lost.	(b)_	PAS A CONSEQUE DES QUI PRAS A CONSEQUE	AMA	TIVE INTERS	TITIAL Pr	eum	netes	
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R.E.	O.J.	23610		TOTAL POR	TPAGH DERDAR	erland	G. 1

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timerel Meyser 169 s. Davis St. 2026 grueH 70505259 Arnold T. Sironush Keyser, W 2672

Durial Dec 16 1983 With Cometery Construct WV. Server Straig Cotruct Leyson, W 26726 West Cotruct Leyso

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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٠.	REGISTRAR				CERTIF	ICATE OF DEAT	TH	RF	G. NO.			
1 DE	CEASED NAME	ru Bi	rtie Ca	therine	Hansel	LAST		20 DATE OF DEA		DAY	YE AR	2h HOUR
		BIRT	E			HANSELL			DEC	06	1983	1538 M
3 SE		-/-	4 RACE		5 DATE (OF BIRTH	YEAR	S. AGE (IN YEARS LA	ST BIRTHDAY)	IF UI	NDER I YEAR	IF UNDER 24 HRS
	FEMALE	d	WHITE	-	MONT	2 96 84		99	YR		nis Oans	NOONS MILE
	RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARR	RIED	BALTIMORE CI	TY OR COU	NTY OF	DEATH	
	West Virg.	inia	U.S.A	•	WIDOW		CED XX	All	Legany			MD
10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NU	JRSING HOME (OR OTHER INSTITUT		12a USUAL OCCU			26 KIND C	OF BUSINESS OR
	CUMBERLAND,	MD	ALL	G CTY	NURS HO	ME CUMB !	MD	Domest				Homes
130 5	AL RESIDENCE (IF NURS STATE d21502	13b COUP Alle	ITY	136. CITY OR Cumbe	BEFORE ADMISSION) TOWN TOWN	134 INSIDE CITY LI YES X NO	_	30 STREET ADDR	ess rylano	d Ave	215 enue	02
14 FA	ATHER'S NAME		MIODLE	LAST		15 MOTHER'S MA	IDEN NAM	E MIOI	DIF		1.65	ST.
	George		W.	Shan	ık	Susa	n	V	A		P	eters
160 V	VAS DECEASED EVER		MED FORCES?	10.7	SECURITY NO.	17 INFORMANT	LIOCD		DDRESS	4DCD	LAND	WD 0150
	No		•	218-3	30-0647	MEMORIAL	. HOSP	MEM AL	E CUI	TOER	LAND,	
	18 CAUSE OF DEAT	H (Enter an	ly one cause pe	I A for ID!	or, o'nd ic	7	1/	+ 0			BETWEEN	MATE INTERVAL ONSET AND DEATH
	PARTI. DEATH W		E CAUSE (o)	MAL	wos a	erolic	Kleu	N 60	sear			
	4140		DUE TO, C	R AS A CONS	EQUENCE OF							
	Conditions, if any,		(Ib)_									
	gave rise to imm	ig the	DUE TO, C	R AS A CONS	EQUENCE OF							
	underlying cause	lost.	((c)				-					
7	PART 2 THER SIGN	VIFICANT O	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT ROLATED TO		NAL DISEASE OR	CONDITION	GIVEN I	N PART 1	a l
TIO	ieni	her		asin	lor	Will						
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CE	RTIFYING	ERE FINDI G CAUSES	NGS USED OF DEATH?
RTIE			1					YES NO		YES []	NO 🗆
20 1	OR CONTRIBUTING		TH HOUR A		DAY YEAR	21¢ HOW INJURY	OCCURRE	D (ENTER NATURE O	F INJURY IN ITEM	18, PART 1	OR PART 2)	
ICA	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P	.M.	19	1						
MEDICAL	WHILE NOT WE			OF INJURY REET, FACTORY, OI	FFICE, FARM, ETC.)	21f LOCATION STREET		CITY	OR TOWN		COUNTY	STATE
_	AT WORK AT WO	ORK L				1.0	4.2		12-1	- 6	20	
	22a.1 certify that (I)		12	ne deceased fr	03	104 15	دن و	to		. 19		that (I) (we) last
	sow the decease above, (1) (we) (c			ofter death.		nd that in (my) (our)	opinion de	eath occurred on t	he dote and	hour and		
	226. SIGNATURE	/				DEGREE	DING _	MEDICAL	STAFF		22t. DATE	- 10
	16/1	dan	4			PHYS	ICIAN A	DIRECTOR PH	YSICIAN [12-	8-83
	22d. PHYSICIAN'S NA	AME (TYPE O	R PROTT)			22e ADDRESS						
χ	K. J. (SARG	LERA	JR	7			sp. Med. B	ldg-Ci	unbe	rland	, Md.
23o. E	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREM		23d. LOCATION CITY OF TOWN	1	cou	NTY	STATE
Bo	urial		12/9/	83	Hillcre	st Burial						CoMd.
24 FI	UNERAL DIRECTORGO	zorge.	-Upchwr	ch Fune	ral Hom	e, P.A.	DEC.	REC'D. BY REGIST	RAR 256 REC	SISTRAR	'S SIGNAT	URE
2	202 Greene	Stree	t-Cumbe	ruand,	Marykar	ra 21502	Ulula	T + 198	100	m	بقيا ملإ	heelell

DHMH - 16 50M 1/76 (VR A 15 (4))

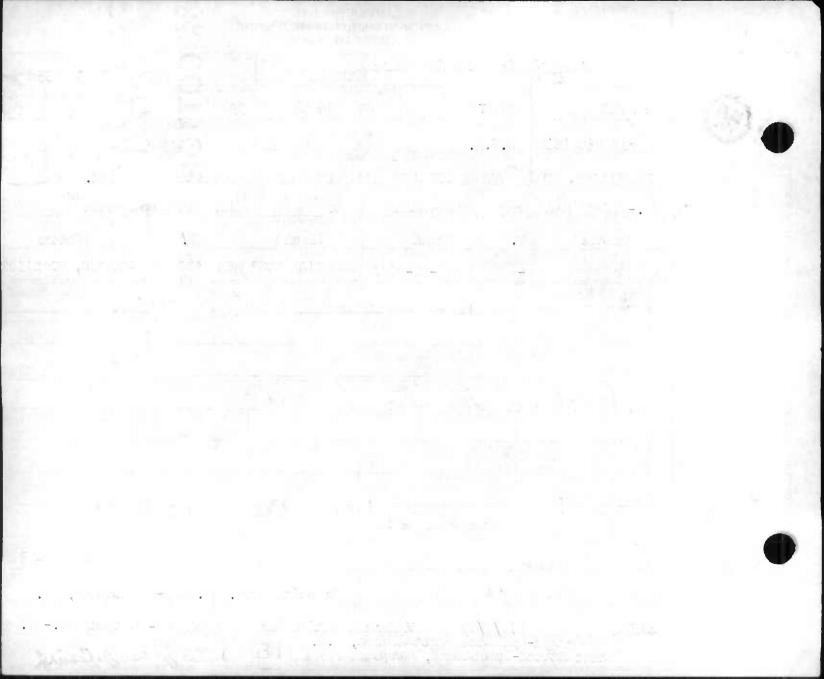
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illied in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumatic event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony



executed within 24 hours ofter deoth. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

IMPORTANT: If Item 21 is morked or Item, 18 shows any injury, or other troumatic event, the medica

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR		DEP	ARTMENT OF H	ICATE OF D			. NO.	3 4	
	CEASED NAME FIRST	7	WIDDLE	t	AST		2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	WALTI	ER	ROYCE	HA	RDEN		DECEMBER	16, 1	983	7:53 _P
3. SE:	X	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAS	SIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	MALE	Whit	e	8	17	15	68	YRS.	DATS	MIN.
	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER M	ARRIED 🗔	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
1	Maryland	Į.	SA	WIDOWE		ORCED	Alle	egany		MD
	Cumberland	MEMO MEMO	RIAL HO		OR OTHER INST	TUTION	120 USUAL OCCUP LTYPE OF WORK FOR MO Retired		FEI INDUSTRY	usiness or
13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. COL	or other institution JNTY egany	13c. CITY OR Cumber	BEFORE ADMISSION) TOWN Land	13d. INSIDE CI	TY LIMITS? NO 🏝	Route 1	Homew	food Add	ition
14. F.A	ATHER'S NAME Benjamin	Harden	LAST		15. MOTHER'S	IRST	me race Welsh		LAS	if
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMAN	VT.	AD	DRESS	Daugh	ter
	no	SIVE WAR OR DATES!	214-0	5-6222	Mrs. D	oris M	. Sullivar	n, Char	leston,	S. C.
	18 CAUSE OF DEATH (Enter	only one couse pe	er line for (a), (b	o), and (c) I					BETWEEN	MATE INTERVAL
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	con	despul	mory	ane	1		w	milled
NO	Conditions, if any, which gave rise to immediate cause IoI, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)_ DUE TO, (c)	DR AS A CONS	EOUENCE OF	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ONDITION GI	VEN IN PART 110	0
ATIC	190 DATE OF OPERATION '		DITION FOR WI	HICH OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED
CERTIFICATION							YES NOT		FYING CAUSES ES	OF DEATH?
MEDICAL CER	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (HE EITHER, NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED. WHILE NOT WHILE AT WORK AT WORK	EATH HOUR A	OF INJURY A.M. MONTH P.M. E OF INJURY TREET, FACTORY, OF	19	21f LOCATIO STREET		RED (ENTER NATURE OF I	NJURY IN ITEM 18	PART I OR PART 2)	STATE
	220.1 certify that (1) (this has sow the deceased alive a above (1) (ye) (did) Idid i	n_12-1	6	19 <u>83</u> , or		our) opinian o	to, to		or and from the	that (1) we) last couses stated
	22b. SIGNATURE	Men	LR	TIE W.	Meon		DIRECTOR PHY		16 A	-
	226. PHYSICIAN'S NAME (TYPE		/		22e ADDRESS	95	5 Frederi	ck Str	eet	
	Dr. Anthony	Bollino			4	Cu	ımberland,	MD 21	502	
230 6	BURIAL, CREMATION, REMOVA SPECIF Burial	12-20		23t. NAME OF C	emetery or c t Cemet	_	23d LOCATION CITY OF TOWN ECKhar	t, All	egany,	Md. STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

NAME James F. Scarpelli, Cumberland, Md.

	DEC	EASED NAME FIRST	WIDDLE	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH LAST	ILEO: 110:	DAY YEAR 2b. HOUR
	(TYPE	CHAR	RLES ARTHUR	HARTMAN SR.	DECEMBER 2.198	3 4.05P M
3	SE)	ale	4 RACE White	Dec. 15, 1911	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
20		ATHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
	0 C1	Y OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSI HENOTIN SUCH FACILITY GIVE STREE	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	ALLEGANY COUNT	176 KIND OF BUSINESS OR
DA		umberland	(IF NOT IN SUCH FACILITY, GIVE STREE SACRED HEAR) OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		Retired working Life	Brewing Co.
33	3a. S	ryland All		VN 134 INSIDE CITY LIMITS? YES XX NO	13. STREET ADDRESS / ZIP CODE 203 Wallace St	. 21502
01)	4. FA	THER'S NAME FIRST George	V. Hartman	IS MOTHER'S MAIDEN NA	abeth Bender	LAST
de die		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 16b. SOCIAL SECTOR OF		ADDRESS ny R. Hartman, Cun	mberland, Md.
monc event, the		PART I. DEATH WAS CAU IMMEDI	only one couse per line for (o), (b), or SED BY: ATE CAUSE (o) DUE TO, OR AS A CONSEQU	talic Adlens	Creinom	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or other from		Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU		of the wine	
nlory.	NO	PART 2 OTHER SIGNIFICAN	t conditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TERA	WINAL DISEASE OR CONDITION GIVE	EN IN PART 110
2	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES IN CERTIFY YES NOW	, WERE FINDINGS USED YING CAUSES OF DEATH?
-	-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. MONTH D	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
morked of a	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE
*		22a.1 certify that (1) (this has	on Dec 19	No V. 6 19 83, ond that in (my) (our) opinion	deoth occurred on the date and hour	19 , that (I) (we) lost and from the causes stated
ow si 17 t		sow the deceased alive a above, (I) (we) (did) (did	not) view the body offer deoth.			
T: If Item 21 is		obove, (I) (we) (did) (did 22b. SIGNATURE	Within	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/3/83
Hem 21 is		obove, (I) (we) (did) (did 77b. SIGNATURE 27d. PHYSICIAN'S NAME (TYP	Within	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12/3/83

	BALLERS STEEL OF ELS. ST. ST. ST. ST. ST. ST. ST. ST. ST. S
manual Edula Augustanan .	Within article Sallation
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	A. Back Williams
the first of the	
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STEEL BOLD CONCERNED AND ANTER A	THE WELVE N. P. LEWE N. C.
As remarks the commence of the fa	total 12-5-1553 Import Homory
The same and the same of the same of	A.M.J. Seefgedhar, Milengood . 19196

FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARY SEALTH AND SICATE OF	MENTAL HY	IENE 8 5	ن ۱۰۰	- 1	ė	6	3
1. DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	26. HOL	
(ROY	(GLENWOOD		HENRY		DECEMBER	17. 1	983		012	0 A
3. SEX MAT.E.		4. RACE White		5. DATE (YEAR 1883	6 AGE (IN YEARS LAST B	rinday) YRS	MONTHS	R T YEAR DAYS	HOURS	R 24 HRS MIN.
70 BIRTHPLACE (STATE ORF West Virgin		76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI		MARRIED	9 BALTIMORE CITY Alleg		TY OF DE	ATH		ME
10, CITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN THE FACILITY, GIVE STREET, RIAL HOSP	ADDRESS)	OR OTHER IN	STITUTION	120 USUAL OCCUPATION B	ION	IZb. IND Make	KIND O USTRY r-Ra	F BUSINI	ess or ad
USUAL RESIDENCE (IF NURS 130. STATE Md.	136 CQU		GIVE RESIDENCE BEFORE 134. CITY OR TOW Cumberla	N	134 INSIDE	CITY LIMITS?	13. STREET ADDRESS Queen Cit	y Tow	75 C	235	Paca	St
Andrew Jack	son l	Menry	LAST			r's MAIDENNA FIRST Sary Eli	zabeth Rup	penth	al	ŁAS	т	
16a WAS DECEASED EVER		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM		ADDI					
no no	(IF 165, G	IAE MAKOK DAIE2)	705-09-	9751	Mrs.	Jewell	P. Zawaski	, Cum	berl	and,	Daug	hte
18 CAUSE OF DEAT PART I. DEATH W	'AS CAUS		line far (a), (b), and RESPIRI		YA	REST				_	CON!	
Conditions, if any,		DUE TO, O	METAST		REN	JAC CI	EU CARC	Not	4	Im	out	h
couse (a), statin underlying couse	g the	DUE TO, O	r as a conseque	NCE OF								

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

CERTIFICATION

MEDICAL

216. TIME OF INJURY HOUR A.M. MONTH

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2)

20e AUTOPSY?

NO

DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY

211. LOCATION

CITY OR TOWN COUNTY

YES

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NO M

STATE

abave (11) we) (did) (did not) view the bady ofter death. 226. SIGNATURE

22a.1 certify that((1))this haspital) attended the deceased from

DEGREE ATTENDING - MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN MEDICAL STAFF

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT) Dr. William Lamm

NOT WHILE

22e ADDRESS

Medical Building Hospital Cumberland

230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Burial

23c NAME OF CEMETERY OR CREMATORY 12-20-1983 Enon Baptist Cem.

Largent, W. Va.

74 FUNERAL DIRECTOR NAME James F. Scarpelli, Cumberland, Md.

REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

18 shows morked or Item If hem 21 is should be detached for with the State Dept. of I

IMPORTANT:

TO FUNERAL DIRECTOR, After this certificate has been

rior to

rs. Pages 1 and 2 should be filed within 72 completely filled in by the fu

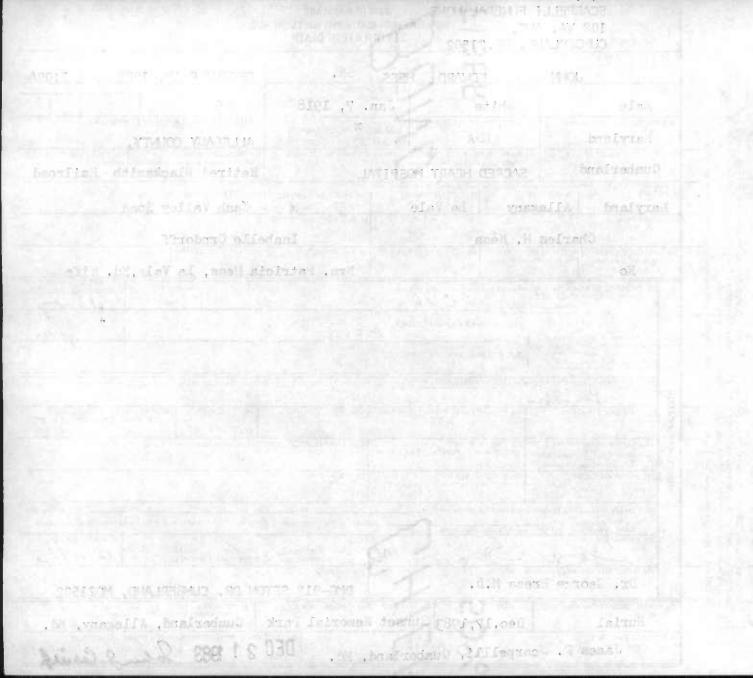
ng physic

signed by

medical

bound to -remorable borree discounty inchestions - E - Element 115% - ores-2357 mon it. tedestal vent your transfer to the section of the s Mademand broad and Administration of Links and the Control of the wint 12-70-1087 Enon hapties tes. Introdut. Yo.

	1-	SCARPEI FOR 108 VA STATE CUMBERI		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE & S) on the second	. 0 0
may be por 3		CEASED NAME FIRST OR PRINT) JOHN		EDWARD	HESS Is DATE O	SR.	DECEMBER 6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YE	7:00A
7 7 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Male	Whit		Jan	. 7, DAY 1918 AR	65	YRS.	
deoth. Ps		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U	WHAT COUNTRY	WIDOWE		ALLEGANY		W
by the fulled with		Cumberland	SACREI	D HEART H	OSPITA	OR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired B	OF WORKING LIFE) INDUSTI	o of Business or Ry R ailroad
stely filled in 2 should be	13a S		NE OR OTHER INSTITUTION OUNTY Legany	I.G. CITY OR TOV	VN	13d. INSIDE CITY LIMITS YES NO NO	Cash Vall	ley Road	1502
complete s lond	16a V		es H. Hes	ss	LIPITY NO	IS INFORMANT	abelle Orndo	rff ·	LAST
be exected on ond the second of the second o			S. GIVE WAR OR DATES)	199 SOCIAL SEC	OKIII IVO.		icia Hess, La	a Vale, Md. V	OXIMATE INTERVAL
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ottending physicion. Lifer this certificate has been signed by the ottending physicion and completely filled in by as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fill than Amental Hygrene prior to burial, cremation, or removal. The and Amental Hygrene prior to burial, cremation, or removal. The angle of the fill shows any injury, or other traumatic event, the medical examine figure before the fill of	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, C		DEATH BUT		ERMINAL DISEASE OR CON		
physicion. Trificote hos bee Nitronsi permit tol Hygiene prio	CERTIFICATION	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYIN	G 21b. TIME (OF INJURY		N WAS PERFORMED	YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	NO [
uG PHYSICIAN: ottending phys ter this certifico is the buriol-tro h and Mental Hy rked or Item 18	MEDICAL	OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA- 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	MINER) PLACE	A.M. MONTH D P.M. E OF INJURY TREET, FACTORY, OFFICE,	19	711. LOCATION STREET	CITY OR TO	own county	STATE
R ATTENDIN hospital or IRECTOR: Af hed for use o ept. of Health		270.1 certify that (I) (this because the deceased also above 10 feet and 11 deceased and 12 deceased	e on	19_	, or	nd that in (my) (our) opin	, to, to		_, that (I) (we) las the couses stated TE,SIGNED
TO HOSPITAL O etoined by the TO FUNERAL D should be defocutive the Store D with the Store D		Dr. George		D.	me	ATTENDINI PHYSICIAI 27e. ADDRESS BMG-912 S	MEDICAL STA	CIAN	21502
BP	23o. E	BURIAL, CREMATION, REMO				EMETERY OR CREMATO Memorial Pa	CITY OF TOWN	and, Allegar	STATE Md
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR NAME James F.		1, -, -,		2 <u>5a</u>	DAJE REC'D. BY REGISTRAR EC 2 1 1983		



5	1-	FC ST RE
	1. DEG	CE A

the attending physician and completely thed in try remove carbonpapers. Pages 1 and 2 shauld be thin

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin should be detached for use as the burial-transit permit. Then please remove carb with the State Dept. af Health and Mental Hygiene prior to bural, crematian, ar

Item 18 shows

MPORTANT: If Item 21 is marked ar

injury, or other troumatic event, the medica

certificate be executed within 24

es that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etained by the haspital ar attending physician

STATE OF MARYLAND

DEDADTMENT OF HEALTH AND MENTAL HYCIENE

1 -	STATE REGISTRAR			DEPARTM		ICATE OF	DEATH		EG. NO.			
	CEASED NAME OR PRINT)	FIRST		ERETT	HIME	S.	A.	DECEMBER			YEAR	26. HOUR 0110H A
3. SE	MALE		CAUCAS	ION	5 DATE O	DAY	19 ^{YEAR}	6 AGE (IN YEARS I	-SIX _Y	MONTHS RS	DAYS	IF UNDER 24 HRS HOURS MIN.
C	RIHPLACE (STATE OR FO		U	WHAT COUNTRY?	WIDOWE		IVORCED [BALTIMORE O		INTY OF DE	ATH	MD
	UMBERLAND	ATH 1		OSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL OCC (TYPE OF WORK FOR Retire		NG LIFE) 12b. 1		f BUSINESS OR
130 5	AL RESIDENCE (IF NUR STATE (aryland	13b COUNT Alleg	TY	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Cumberla	N 1	13d INSIDE (NO 🗌		RESS Park S	t 2	1502	2
14 FA	THER'S NAME FIRST EVE	rett Ĥ	imes	LAST			s MAIDEN NA FIRST Yrtle	M. Rowe	DOLE		LAS	ī
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		AED FORCES? WAR OR DATES)	217 10 7		Mrs.		tte L. H	imes,	Cumber	lan	d, Wife
	18. CAUSE OF DEAT PART I. DEATH V HIDTO Conditions, if any gove rise to im- couse (a), stotiunderlying cause	VAS CAUSED IMMEDIATE , which mediate ng the	DUE TO, OF	R AS A CONSEQUE	NCE OF	z n	an I	Lelon	illa	the BE		MATE INTERVAL DNSFT AND DEATH
CERTIFICATION	PART 2 OTHER SIG			ONTRIBUTING TO D				20a AUTOPSY	? 20b. (F YES, WERE ERTIFYING C YES	FINDIN	GS USED
	21a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR			RED (ENTER NATURE	OF INJURY IN ITE	M 18, PART 1 OR P	ART 2)	
MEDICAL	21d INJURY OCCUR	ORK		EET, FACTORY, OFFICE, F.		21f LOCAT STREET		CIT	ORTOWN	COUN		STATE
	220 1 cortify that (1)	(this hospite	all attended the	deceased from	12	127	10 0	2 to	- 1 4 7	19		that (I) (we) last

22b. SIGNATURE

DEGREE 22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22t. DATE SIGNED 0

Dr. Thaddeus H. Elder, M. D.

236 NAME OF CEMETERY OF CREMATORY
HILLOREST BURIAL PARK

Memorial Hospital Medical Bldg.Cumberland Cumberland, Allegany, Md.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

1-7-1984 24 FUNERAL DIRECTOR F. Scarpelli Cumberland, Md. 21502

23h DATE

BY REGISTRAR / Sb. REGISTRAR'S SIGNATURE 1984

DHMH - 16 50M 1/76 (VR A 15 (4))

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							Terrang.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE

OF DEATH				REG.	NO.
	2a.	DATE	OF	DEATH	MONTH

LABE	CEASED NAME	FIRST	MIDDLE	· ·	AST	20. DATE OF DEATH MON	NTH DAY YEAR	26 HOUR:
	OR PRINT)	ROLD	н. н	HIPSLI	EY SR.	December 3,	1983	A.
3. SEX	x Male	4. RACE White	I III	5. DATE C	oh 25, 1922	6. AGE (IN YEARS LAST BIRTHDA	YRS.	IF UNDER 24
7a. BII	RTHPLACE (STATE OR FO	OREIGN 76. CITIZEN OUS A	F WHAT COUNTRY?	12	NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> C	OUNTY OF DEATH 11egany	
	ty or town of DEA Cumberland	TH 11. NAME O	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET A MORIAL HOS	GHOMEC ADDRESS) Spita:	DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOSLOF WO Retired Sup	orking Life) 126 KIND O INDUSTRY ervisor-Gla	ass Co
13e. S		ng home or other institution 136 COUNTY Allegany	13c. CITY OR TOWN Cumberla	N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13. STREET ADDRESS 613 White	e Ave.	502
		H. Hipsley			15. MOTHER'S MAIDEN NAME FIRST Maudie Sc	WIDDLE	LAS	Ţ
16a. W	YES DECEASED EVER	IN U.S. ARMED FORCES	213-24-7		Mrs. Virgini	a Hipsley, Co		Id.Wif
	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which (b) nediote g the DUE TO,	OR AS A CONSEQUE	Tepe	selyna			
FICATION	PART 2. OTHER SIGN	HIFICANT CONDITIONS	CONTRIBUTING TO D	Cre	NOT RELATED TO THE TERM LYNCH MY N WAS PERFORMED	200 AUTOPSY? 20	Ib. IF YES, WERE FINDING CAUSES	NGS USED OF DEATH
CAL CERTIFICATION	PART 2. OTHER SIGN	IFICANT CONDITIONS IFICANT CONDITIONS 19b. CON IFICANT CONDITIONS 19b. CON 19b. C	elatin'	Cr-c OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	IL IF YES, WERE FINDING CAUSES YES	NGS USED
MEDICAL CERTIFICATION	PART 2. OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING C	IFFICANT CONDITIONS ION 19b. CON PERLYING 12b. TIME HOUR LAUSE OF DEATH LAU EXAMINER 12c. AL EXAMINER 12c	DITION FOR WHICH	OPERATION YEAR	N WAS PERFORMED	200 AUTOPSY? 20 IN	IL IF YES, WERE FINDING CAUSES YES	NGS USED OF DEATH
1 1	PART 2. OTHER SIGN 19a. DATE OF OPERAT 71a. ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK IN THE SERVE THE COLUMN TO THE COLUMN THE COL	IFICANT CONDITIONS IFICANT CONDI	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET 19 and that in know your) opinion DEGREE ATTENDING PHYSICIAN	YES NO CITY OR TOWN	ID. IF YES, WERE FINDING CAUSES YES ITEM 18 PART 1 OR PART 2) COUNTY 19 3, and hour and from the	NGS USED OF DEATH! NO stat

St. Marys Cemetery

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR F. Scarpelli, Cumberland, Md. 21502

Cumberland.

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FOR DEPARTMENT O

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIEIC ATE OF DEATH

	DEC	NI

REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.			
L DECEASED NAME	FIRST	A	AIDDLE	L	AST		20. DATE OF	DEATH M	IONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	NORMA	LE	E	HOY	VATTER		Dece	mber	14.	1983	9:30 _{A.M}
3. SEX		I. RACE		5. DATE C			6. AGE (IN YE			IF UNDER 1 YEAR	
FEMALE		WHITE		MONTH 4	11	27	56		YRS.	MONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (S	TATE OR FOREIGN		WHAT COUNTRY?	8	D X NEVER			E CITY OR		Y OF DEATH	
SHALMAR,	MD	US		WIDOWE		NORCED	Alleg	anv			MD
10. CITY OR TOWN		II. NAME OF	HOSPITAL, NURSIN	IG HOME C			12a. USUAL C	CCUPATIO			OF BUSINESS OR
Cumberla	nd l		HEACILITY, GIVE STREET				Opera		WORKING L		phone Co.
USUAL RESIDENCE	(IF NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)							21502
MD STATE	ALLEG		13c. CITY OR TOW CUMBERLA		13d. INSIDE (NO [13e. STREET A		CEOD	RGE_STRE	
14. FATHER'S NAME		IAIN I		ND		S MAIDEN NA			GEOR		
CHARL		M	DAVI	C	М.	ARY	T	MIDDLE		MAT	
60. WAS DECEASE	DEVER IN U.S. ARA		166 SOCIAL SECU		17. INFORM		1.	ADDRES	Š	I AM	
(YES, NO OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)	215-20-7	487	Mr. I	Howard	O. Hova	tter,	Cun	berland	l.Husband
18 CAUSE O	F DEATH (Enter an	y ane couse per	line far (a) (b), an	id (c).)		Λ	0			APPRO!	XIMATE INTERVAL
PART I. DE	ATH WAS CAUSED	BY: CAUSE (a)	CA	~dib	NONI	het Ly	1 Gr	rest			
04	61		R AS A CONSEQUI	ENCEOE	1		77 1	10		2	
Canditians.	if any, which	(, b)	K A3 A CONSEGUI	Cr	with	ell-) and	DJ	tad	/.	yers,
gave rise	to immediate	10,—	R AS A CONSEQUI	ENCEOF			V				/
underlying		DOE 10, 01	R AS A CONSEQUI	ENCE OF							
PART 2. OTH	ER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE	OR COND	ITION G	IVEN IN PART 1	(a
NO											
19g. DATE OF	OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTO	PSY?		ES, WERE FIND	
Ĭ I							YES 🗌	NO		res	NO [
21a. ACCIDENT	WAS UNDERLYING	LICIUD A	F INJURY M. MONTH D.	AV VEAD	21c. HOW II	NJURY OCCUR	RED (ENTER NAT	URE OF INJURY	IN ITEM 18	PART 1 OR PART 2)	
	ING CAUSE OF DEA	In I	M. MONTH D.	19							
OR CONTRIBUTE		21e. PLACE	OF INJURY		211. LOCATI			CITY OR TOW	N	COUNTY	STATE
WHILE AT WORK	NOT WHILE	(AT HOME, STA	REET, PACTORY, OFFICE, I	FARM, EIC]	J. A.						
220.1 certify	that (1) (this haspit	al) attended th	e deceased fram_			. 19	, ta			. 19	, that (I) (we) last
saw the abave. (deceased alive an,) view the bady	after death.	, a	nd that in (my) (aur) apınian	death accurred	d an the dat	e and ho	our and fram the	e causes stated
226. SIGNIATI		1		/	DEGREE					22c. DAT	ESIGNED
h	in 11 C	and Dr		M	10	PHYSICIAN [MEDICAL DIRECTOR	STAFF			
22d. PHY SICIA	AN'S NAME (TYPEO		JOHN N/C	prim	22e ADDRE	SS Momor	ial Hos	nital	Mod	. Bldg.	
Dr.	Terry Wi	lliams		10		Cumber	rland,	MD 21	502	. prag.	
23a. BURIAL, CREM.		23b. DATE	23c.	NAME OF C	EMETERY OR	CREMATORY	23d. LOCA	TION			
(SPECIFY) PI	1	12 70	s on St	Mar	ve Com	a+ a		OR TOWN		COUNTY	STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medica

24 FUNERAL DIRECTOR NAME James F. Scarpelli, Cumberland, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

John & Court

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.b., believe Lli, Concerlent, d.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumotic event, the

MPORTANT: If hem 21 is marked or hem 18 shows any

FOR - STATE

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executed within 24 hours after death. Page

1 (STACHESTA)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				CLKIIII	CAILOI	PLATII	REC	. NO.		
DECEASED NAME	FIRST	٨	AIDDLE	LA	AST		20. DATE OF DEAT	H MONTH	DAY YEAR	26. HOUR
(TYPE OR PRINT)	IRA	L	EE	HUFF			DECEMBER	22, 19	983	10:40pm
. SEX		4. RACE		S. DATE O		YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Male		Whit	e	6	27	1902	81	YRS.		,,,,,,,
BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	₩ NEVED	MARRIED -	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
Marylan		US		WIDOWE	D D	NORCED [ALLEGANY			MD.
O. CITY OR TOWN O CUMBERLANI		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET AL HOSPI	ADDRESS)	R OTHER INS	NOITUTION	120. USUAL OCCUP (TYPE OF WORK FOR MC Grocer			
JSUAL RESIDENCE (1 30. STATE Maryland	13b. COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frostburg	/N	13d. INSIDE	NO 🗌	13e. STREET ADDRE		e Lane.	21532
John		MIDDLE	Huff			S MAIDEN NAM	MIDDI		Blocher	
60 WAS DECEASED	EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORM	ANT	100 H	Meysuc!	kle Lan	e
NO OR UNKNOW	(11 125, 01		216-22-0	6139	Alice	A. Huf	f, Frostl	ourg, M	D 2153	2
underlying	immediate stating the cause lost.	CONDITIONS <u>CC</u>	Melober RAS A CONSEDER	DEATH BUT			INAL DISEASE OR C	20b. IF YE	VEN IN PART 1: S, WERE FINDI IFYING CAUSES	INGS USED
OR CONTRIBUTION (IF EITHER NOTIF 21d. INJURY OC	CAUSE OF DE	R) P	M. MONTH D.	AY YEAR 19	21c. HOW II	ION	ED (ENTER NATURE OF			STATE
220.1 certify the	eceased olive ar we) (did) (did n	ital) attended th	e deceased fram	, an	DEGREE	ATTENDING	, ta	ne date and ha	ur and fram the	, that (I) (we) last e causes stated E SIGNED
	C. MERR	ICK)		22e ADDRE	MEMOR CUMBE	RIAL HOSPI ERLAND, MI	TAL ME	DICAL B	UILDING
Burial, CREMAT	ION, REMOVAI	236. DATE Dec . 24				CREMATORY Cemetery	23d. LOCATION CITY OR TOW		COUNTY	STATE
A FUNERAL DIRECTO	n) Te	rum au	ADDRESS		lle, M	25a. DATI		RAR 256. REGIS		Taking

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE . THAT I DESCRIPT THE ONE OF STATE OF STATE STAT NOTE . I . STATE . AND AND AND AND THE STATE . Det. 25, 1963 Caranteville Cemetery over the law they A server personal contention and the server and the

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPAR		IEALTH AND MENTAL ICATE OF DEATH		REG. NO					
DE	CE ASED NAME	FiRST		WIDDLE	l.	AST	T		MONTH	DAY Y	YEAR	2b HOUR	R
(TYPE	ORPRINT) CHA	RLES		W.	J.	ACKSON		12	, 2	2 8	83	11.20	M
3. SE	Male	4	RACE	ite	5 DATE C		R	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER	DATS	HOURS	24 HRS MIN,
0	RTHPLACE (STATE OR F COUNTRY)	OREIGN 7b	USA	what country	Y? 8 MARRIE WIDOWE	D NEVER MARRIED		BALTIMORE CITY OF	egan		тн		MD
50	ity or town of DEA Baltimore	TH 11		HOSPITAL, NURS HEACILITY, GIVE STRE SECOUTS		TROTHER INSTITUTION		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Retired		HE) INDU	JSTRY	ruct	
13a. S	arvland	Balti		I31 CITY OR TO Baltin	WN	134 INSIDE CITY LIMIT		30 STREET ADDRESS 620 S. P	'ayso		1	120	23
) FA	ATHER'S NAME FIRST E	lijah "	Tackso	n IAST		15 MOTHER'S MAIDE		Sirbaugh			LAST		
16a. V	VAS DECEASED EVER YES NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		722-03		Mrs. Bon	nie	Kolker, Ba			ugh Md.	ter	
7	18 CAUSE OF DEATH W L BU O Conditions, if ony, gover ise to imm couse to storin underlying cause	which inediate g the last	DUE TO, O	RAS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A	DUENCE OF ATEN) F ,	ARREST ARCTION OMENIA	v			MATÉ INTERVINSET AND (VAI DEATH
L CERTIFICATION	A	TION / L	19b. COND	TION FOR WHIC	DAY, YEAR	N WAS PERFORMED		200 AUTOPSY? YES NOO	20b. IF YE IN CERT	ES, WERE FIFTING CA	FINDIN AUSES (GS USED	H?
MEDICAL	(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH AT WORK AT WOF 220.1 certify that (1)	RED PVA		OF INJURY EET, FACTORY OFFIC	H	211 LOCATION STREET	7 3	N AXORTON	NN Z	COUN		st	ve) lost
	sow the decease above, (I) (we) (a 27b. SIGNATURE Support of the Signature S	A gulle	iew the body	-22- 19	8 3, or	PHYSICIA 22e ADORESS	ING SE	MEDICAL STAF DIRECTOR PHYSIC	F IAN []	220.	DATES	auses stor	
23a. E	BURIAL CREMATION	REMOVAL	23h DATE	23	NAME OF C	EMETERY OR CREMATO	TORY	23d LOCATION					

BP.

etoined by the hospitol

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove corban papers: P should be detached for use as the burial-transit permit. Then please remove carbon papel with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

or ather traumatic ev

MPORTANT: If Hem 21 is

Dec.26,1983

Burial 24 FUNERAL DIRECTOR NAME James F. Scarpelli, Cumberland, Md.

Davis Mem. Cemetery Cumberland, Allegany, Md

25th Date REC'D. By REGISTRAT'S SIGNATURE

Pland, Md. JANO 3 1984

County

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and cemplificationally be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

the funeral director, page 3 diestin 72 haurs after death

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	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

	REGISTRAR				CERTIF	ICATE OF DEAT	IH	REG. NO.				
	CEASED NAME	FIRST	A	AIDDLE	L	AST		20 DATE OF DEATH MONTH	H DAY	YEAR	Zb. HOUR	-
(1116		ache	7 E1	izabeth	Kr	nieriem		12.	/15/8	33	4:00	PM
3 SE			4. RACE	I Did be wil	5. DATE C	F BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)		NDER I YEAR	IF UNDER 2	
1	Temale		Whit	е	3 7	+/03	YEAR	80	YRS	HS DAYS	HOURS	WIM
	RTHPLACE ISTATE OR FO	REIGN	b CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARR	IED X	9 BALTIMORE CITY OR CO		DEATH		
	Maryland		U.S.	Α.	WIDOWE			Allega	av			MD.
10. C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUT		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORL	1	26 KIND O	FBUSINES	S OR
	Frostburg		Frostb	urg Vil	lage		gan			rBank	7	
USU.	AL RESIDENCE (IF NURSI STATE	136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE IN SE	20MISSION)	13d. INSIDE CITY LI	IMITS?	13e STREET ADDRESS	2	15,0	10	
	Maryland	A 50 m	egany	Frostb		YES NO	-	210 Delano	Ave		Contract of the Contract of th	
14. FA	ATHER'S NAME	W	UDDIE	LAST		15 MOTHER'S MA	IDEN NAA	MIDDLE		LAST	7	
	Conrad			Knier	iem	Susa	n	E.			lach	
	VAS DECEASED EVER		AED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT		AD Tros	tbur	eg. I	Md.	
	No	N.	Α.	213-01	-5922	Mr. Ro	bert	t Knieriem.	210	Dela	ano .	Ave.
	18 CAUSE OF DEATH			line for (a), (b), and	1(01)		0	. 0	F	BETWEEN	MATE INTERV	AL E ATH
			CAUSE (o)		0	rodiere	10	uline				
	4100		DUE TO, OI	R AS A CONSEQUE	NCE OF	0 . 1	~	0	1			
	Conditions, if any, gove rise to imm		(b)			-mjert	ne	heart for	ens			
	couse (a), stating	g the	DUE TO, OF	AS A CONSEQUE	NCE OF	1 = 6	2.	4 6.0				
	underlying couse	lost.	(0)_	Blin	1082l	whe t	معاد	is Direce	e			
z	PART 2. OTHER SIGN	IFICANT C	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMI	. 0	N GIVEN II	N PART 1	31	
TIO	19a DATE OF OPERAT	10-	1 we	Who . 7	EF 0	myanete	is	in fast	IF MES AM	DE EDIO		
CERTIFICATION	196. DATE OF OPERAL	ION	ING. CONDI	HONFOR WHICH	OPERATIO	N WAS PERFORME	D	IN	CERTIFYING	G CAUSES	OF DEATH	1?
ERTI	21a. ACCIDENT WAS UND	FRIYING [216, TIME O	F IN HIRY		121, HOW IN ILIPY	OCCUPP	YES NO	YES _		№ □	
	OR CONTRIBUTING C	AUSE OF DEAT	HOUR A.	M. MONTH DA		THE HOW HOOK!	OCCORR	CD (ENIER MATORE OF INJURY IN III	IM IS, PARI (ORPARI 2)		
MEDICAL	(IF EITHER, NOTIFY MEDICA 21d. IN JURY OCCURR		21e, PLACE (19	211 LOCATION						
WE	WHILE NOT WH	IILE 🗀		EE1, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN	c	OUNTY	STA	TE
	22a I certify that (I)		ol) attended the	deceased from	2		78				that (I) (we	
	sow the decease above, (I) (we) to	d alive an	view the body	ofter death.			opinion d	leath occurred on the date on	d hour one	d from the o	couses stot	ed
	226. SIGNATURE	0	11	11		DEGREE	IDING	MEDICAL STAFF		22c DATE	SIGNED	23
		9	for	-ollin	V (MEDICAL STAFF DIRECTOR PHYSICIAN (12/	10/9	3
	22d PHYSICIAN'S NA			D		22e ADDRESS	TD C	GOVAGINITMIZ III	OCD :	MD.	2153.	2
	S. L. S	ANDH	IR, M.	υ.		FROSTBU	JRG (COMMUNITY H	JSP,	rKUS.	LBOK	u,
	SURIAL, CREMATION, I	REMOVAL	236 DATE	23c. N	AME OF C	EMETERY OR CREM	ATORY	23d. LOCATION	COUR	NIY	STATI	E

DHMH-16 60M 1/73 (VR A 15 (4))

Pk. Frostburg Allegany
150 DATE REC'D. BY REGISTRAR 150 REGISTRAR'S SIGNATURE

Md.

Burial 12/1'
Burial 12/1'
Bowers Funeral Home /17/83 Frostburg Mem. 60 M. Main St. 21 ome Frostburg

CONTROLLE - COLTAG - CONTROLL Se CONTROL SECURIORS - CONTROLS .com on to til 2 minute bell severally legions LE L'ALL STEER STEER AND A STORY OF THE PROPERTY OF THE PROPER The state of the s

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1	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE & S	.	1	13
		CEASED NAME ORPRINT) STE	FIRST		MIDDLE	KNE	OTTS	20. DATE OF DEATH DECEMBE		1983	26. HOUR 12 45 A.M
	3. SEX	× Female	4. (White		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE (STATE OR I		U.S.A.	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O Alleg.	R COUNTY	OF DEATH	MD.
1	Cu	mberland	\mathcal{N}	URSIN	G + CONV	ALESI	OROTHER INSTITUTION UMBERLAND	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O housewife			F BUSINESS OR
5		AL RESIDENCE (IF NURS STATE Md.	113h COUNTY	leg.	13t. CITY OR TOW Western	E ADMISSION)	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13. STREET ADDRESS 214 Hammor	nd St.	215	62
		Charles	*0	Ē.	Warnick		Anna	M.		EV	ans
	16a. V	WAS DECEASED EVER	IN U.S. ARME		215-07-3	Section 14 Section 1	Mrs. Anna L	ee Clevelar		Wester	nport,Md
		Conditions, if ony, gove rise to improve the improve to improve the improve to improve the improve	which mediate on the tree of tree of the t	AUSE (a) DUE TO, O	R AS A CONSEQUE	O P.D ENCE OF				BETWEEN C	MATEMITAYAL
7	CERTIFICATION	PART 2: OTHER SIGN	on vernor ex-			7.70	NOT RELATED TO THE TERM N WAS PERFORMED	79E AUTOPSY?	20b. IF YES	WERE FINDIN	IGS USED
	MEDICAL CERTI	TIG. ACCREMIT WAS LINE OR CONTRIBUTING (IF ETHER, NOTAY MEDI- TIG. IN JURY OCCUR. AT WORK AT WORK AT WORK TO SOW the decease The decease The decease The decease The dece	CAUSE OF DEATH CALESAMMER) RED (this hospital) and alive on	attended 1)	M. MONTH D. M. OF INJURY NET FACTOR OFFICE I	19 raam, ETC)	THE HOW INJURY OCCURS THE LOCATION STREET 19 19 10 10 10 10 10 10 10 10	ED ENTER NATURE OF PAGE		COUNTY	state that (iii (we) last
		above, (I) (we) (i 2% SIGNATURE	Ya	lin	Offer death.		ATTENDING PHYSICIAN (AEDICAL STAI	# DIAN []	DATE DATE	15/85

231. NAME OF CEMETERY OR CREMATORY

Bloomington Cem.

DHMH - 16 50M 4/82

hould be detached for use as the Turnal from the State Dept. of Health and Muntal Hy WPORTANT: If them 21 is marked or them 18 O FUNERAL DIRECTOR: After the

24 FUNERAL DIRECTOR
NAME
Wm. H. Fredlock (VRA 15, 4)

17d PHYSICIAN'S NAME

13m BURIAL CREMATION, REMOVAL

Burial

23b. DATE

12-6-83

Piedmont, WV.

Eloomington

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STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HY	GIENEO	U	2	4	
CERTIFICATE OF DEATH	REG. N	10.			
LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HC

1 -	FOR STATE REGISTRAR	DEP		CATE OF DEATH	REG. N	0.	À	
	CEASED NAME FIRST Maude	E .	Koo		December		0 83	26. HOUR 1:30 M
3. SE	Y Female	Caucasi	ar My	°29 1'9°0		33 _{YRS.}	DAYS DAYS	HOURS MIN.
(Maryland	B. CITIZEN OF WHAT COUNT	MARRIED		Allegar	2.17		MD
	Cumberland	11. NAME OF HOSPITAL, NU L'ENOTIN SUCH FACILITY GIVES Manor	N.H.		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST ON HOUSEWI)	OF WORKING LIFE)		Own Home
	AL RESIDENCE (IF NURSING HOME OR STATE			134 INSIDE CITY LIMITS	Paca S	Street	-235 ((21502)
TEFA	HHER'S NAME John Wil	AIDDLE LAST		15. MOTHER'S MAIDEN FIRST	nmn		LAS)T
16a V	VAS DECEASED EVER IN U.S. ARA YES NOR UNKNOWN) (IF YES, GIVE			17. INFORMANT 2 Lions Ma	anor, Seton			L502 MD
	PART I. DEATH WAS CAUSEI IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSI	Cu	neral and extracasce	ulure via das accid	'ent		
CERTIFICATION	PART 2. OTHER SIGNIFICANT OF SERVICE PROPERTY	onditions CONTRIBUTING Light Afterna 196. CONDITION FOR WI	schross	s Semi	RMINAL DISEASE OR CON Le Lementio 200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDING CAUSES	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR		CURRED (ENTER NATURE OF INJU	jry in item 18 Par	RT I OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF		211. LOCATION STREET	CITY OR TO		COUNTY	STATE
	sow the deceased alive an abave, (II) (we) (did) (and not	Wecember 30	0.4		ion death occurred an the a			that (I) (we) lost couses stated
	22b. SIGNATURE LAW	W Edler	sind	DEGREE ATTENDING PHYSICIAN		FF CIAN []	22c. DATE	SIGNED
	22d. PHYSICIAN'S NAME (TYPE O	RPRINT)		22e ADDRESS		1	- 01-	

Ralph P. Erdly, M.D.

Scott Court, Cumb. MD 21502

23a BURIAL, CREMATION, REMOVAL (SPBURIAL)

²³⁶ Jan.1,1984

23c. NAME OF CEMETERY OR CREMATORY Eckhart Cemetery

Eckhart, Allegany, Md.

24 FUNERAL DIRECTOR F. Scarpelli, Gumberland, Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

MPORTANT: If Item 21 is

injury, or other troumatic event, th

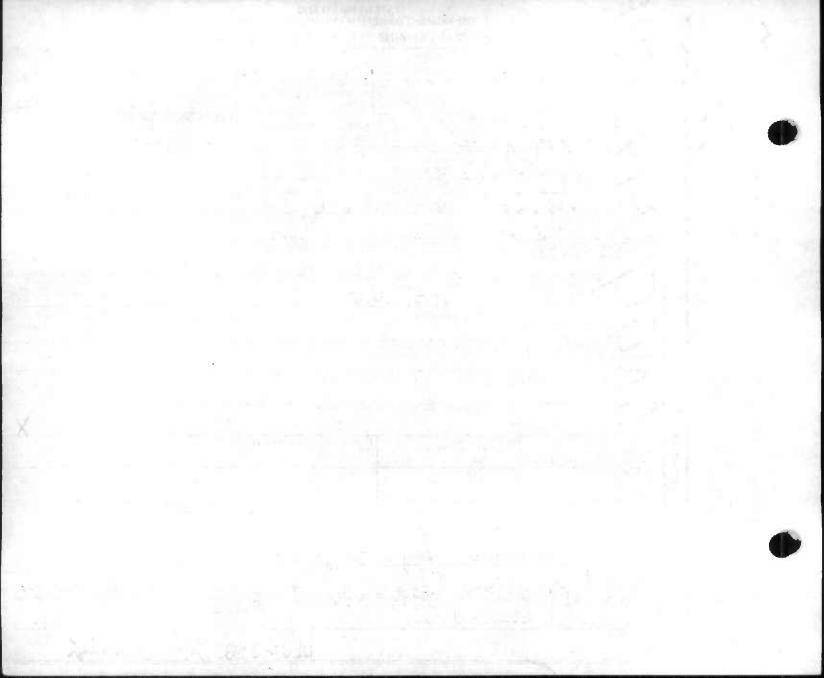
TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physic should be detached for use as the burial-transit permit. Then please remave carban papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval marked or Item 18 shaws any

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician

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STATE OF MARYLAND

FOR



requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely illied in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Page 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

I. DE	CEASED NAME	FIRST		MIDDLE		IAST	20. DATE OF DEATH	HIMOM	DAY YEAR	2h HOUR
11111	COMPRINT)	IDE	LLA	Κ.	1.1	UCERO	DECEMBER	28	1983	10.30
3. SE	X		4. RACE		5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YE	
200	Female		Cau	s.		/10/1917 YEAR	66	YRS		S HOURS
	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	DE NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	Pa.		USA	A	WIDOWE		ALL	EGAN	Y COUNT	Υ.
1	TY OR TOWN OF DE		SAC	RED HEART	ADDRESS) HOSP	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemaker	OF WORKING		OF BUSINESS
130. S	AL RESIDENCE (IF NUR STATE	136 COUN	OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CO	DE C	0000
Pa		Some	rset	Hyndman		YES NO X	R D 1/1		9	999
14. FA	ATHER'S NAME FIRST		AIDDLE.	IAST		15. MOTHER'S MAIDEN NAM	ME			LAST
	Roy	Edwa		Kennell		Naomi	B1anche		Emer	ick
	WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR	RESS		
	no			215 16	4133	Modesto Lucer	ro, R D 1,	Hyndn		. 1554
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	11,29	IMMEDIATE					/			
	1629			OR AS A SNSEOUE		- 01 H	lung			
	1629 Conditions, if any gave rise to im	r, which	DUE TO, (b)_	OR AS A PRISEOUE	cer	- of fle	lung			
		v, which mediate ng the	DUE TO, C	OR AS A SNSEOUE	cer	- of the	lang			
	gove rise to im couse (a), stati underlying couse	r, which imediate ng the e last	DUE TO, C	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION G	GIVEN IN PART	l(o
NOI	gove rise to im couse (a), stati underlying couse	which mediate ag the e lost.	DUE TO, C	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM LL CEY	INAL DISEASE OR COM	NDITION G	GIVEN IN PART	lio
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DHMH - 16 50M 4/83 (VRA 15, 4)

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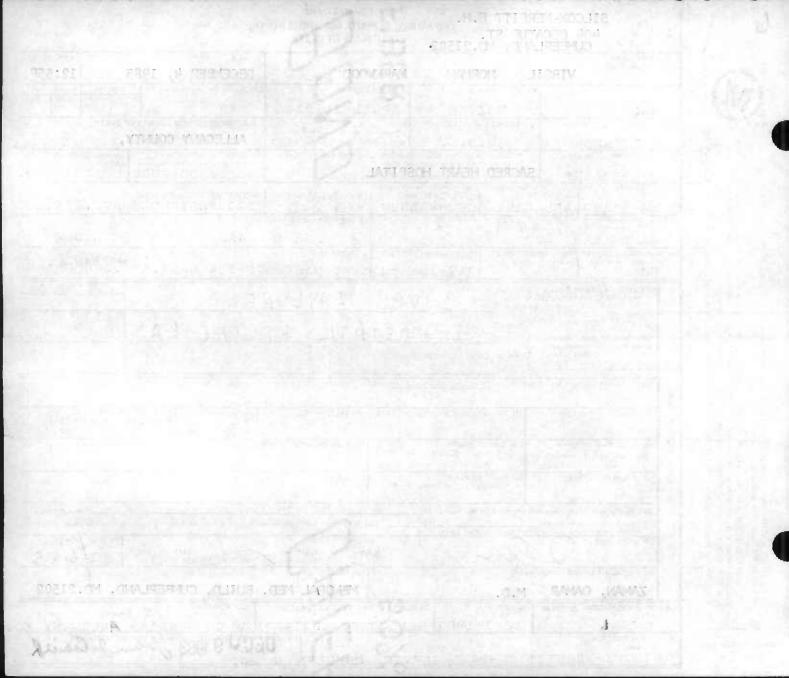
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 highthe State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed retained by the hospital or attending physician.

BP______ DHMH - 16 50M 4/83 (VRA 15, 4)

1. U	REGISTRAR CUMBER	LAND, MD	AIDDLE	L	AST	REG. N		YEAR	26 HOUR
(TYP	VIRG	IL NO	RMAN	MARKV	OOD SR.	DECEMBER	4, 1983	1000	12:55F
3 SE	EX	4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	HOURS MIN
	MALE	WHI		APR		49	YRS		
	BIRTHPLACE (STATE ORFOREIGN COUNTRY) MARYLAND		S.A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE CITY OF ALLEGANY			
10 0	CUMBERLAND	FIE NOT IN SUC	HEART HOS	DDRESS1	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF WESTVACO	OF WORKING LIFE)	NDUSTRY &PAPE	
USU 13a.	JAL RESIDENCE (IF NURSING HOME O STATE 13b. COU	ROTHER INSTITUTION, NTY EGANY	GIVE RESIDENCE BEFORE A 136. CITY OR TOWN CUMBERL		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 324 BALT		AVE.	21502
14. F	ATHER'S NAME FIRST JAMES MARKWO	MIDDLE OD	LAST		15 MOTHER'S MAIDEN NA/ FIRST MARY	JANE		ULLÊÎ	NAX
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	217-30-	1826	17 INFORMANT MARY MARKWO	OD 324 BA		.21A	BERLA
CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	(c)CONDITIONS CO		EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WIN CERTIFYIN	ERE FINDIN	GS USED
RT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA		21c HOW INJURY OCCURE	YES NO A	YES [OR PART 2)	№ □
	216 INJURY OCCURRED WHILE NOT WHILE	21e. PLACE		RM ETC I	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
MEDICAL CE	WHILE NOT WHILE AT WORK		1 16		, 19	to	. 19.		hot (I) (we) ouses stated
CAL	220. I certify that (I) (this hasp sow the deceased alive a obove, (I) (we) (did) (did in 22b SIGNATURE	n ot) view the body	19		DEGREE ATTENDING PHYSICIAN 22e ADDRESS MEMORIAL MED	MEDICAL STA	IFF CIAN []	DE DATE	6/83



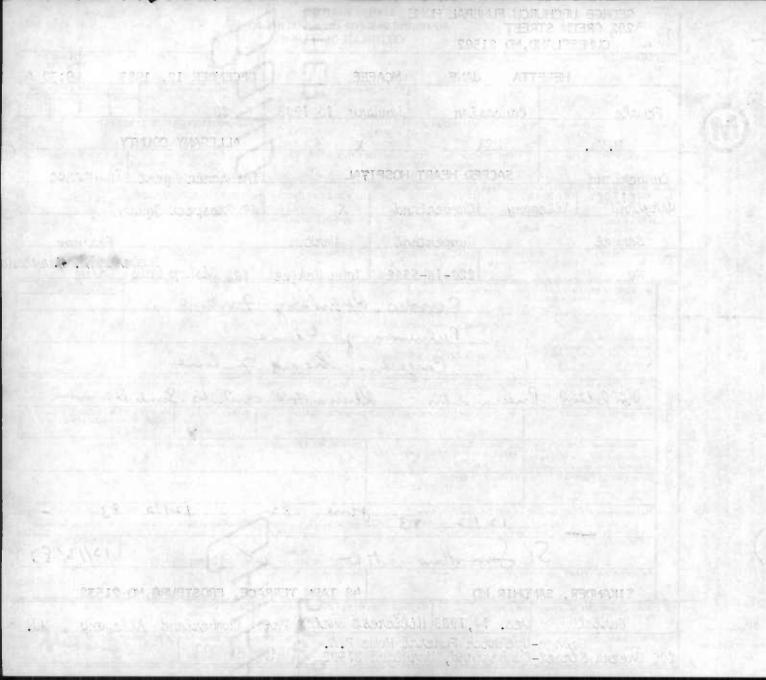
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the haspital or attending physicion.

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		FOR 202 GRI STATE REGISTRAR CUM	BERLAND	,MD 2			FICATE OF DEATH	REG. NO			
		OR PRINT)	EIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YE AR	2h HOUR
- 31			HERET	TA	JANE	MCAF	EE	DECEMBER J			9:30
7960.	3. SEX	X	4	RACE		S. DATE O		6. AGE (IN YEARS LAST BIR	IHDAY) IF U	INDER I YEAR	HOURS 1
10		emale		Cauca	sian	Janu	ary 16 1903	80	YRS.		
VIA	Ta BI	RTHPLACE (STATE OF	EOREIGN 71	. CITIZEN O	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
100		w. Va.	30 1 21	us		WIDOWI		ALLEGANY			
P600		TY OR TOWN OF DE	ATH 1	(IF NOT IN S	E HOSPITAL, NURSIN UCH FACILITY, GIVE STREET : RED HEART	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	F WORKING (IFE)	126 KIND OF INDUSTRY Ths wa	
pe	USUA	Imberland		THER INSTITUTIO	N, GIVE RESIDENCE BEFORE	ADMISSION)		Insurance	9000	Insuu	ince
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Je Je		THER'S NAME	miley	urig	Teumberen	na_	15. MOTHER'S MAIDEN NA		i Squar	2	
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ac.3		Conditions, if on-		((b)_	Pulm	ma	my Edem	<u> </u>			
ather tr		gave rise to in cause (a), state underlying caus	ng the	DUE TO,	OR AS A COMSEQUE	NCE OF	is heart	Ini kme		18	
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5	ō	Voikel		neus		- 6	Khennitro	antholis.	June A		me.
violory /	F-		NOITA	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W		
s ony injury	ICAT	19a DATE OF OPER						YES NOW	YES [NO 🗌
hows ony injury	RTIFICAT						Tax transfer and transfer	-			
18 shows ony injury	CERTIFICATION	21a. ACCIDENT WAS U		110.10	OF INJURY A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	-	RY IN ITEM 18 PART	I OR PART 2)	
Hem 18 shows ony injury		210. ACCIDENT WAS UP OR CONTRIBUTING [CAUSE OF DEATH	HOUR	A.M. MONTH DA	AY YEAR		-	RY IN ITEM TO PART	I OR PART 2)	
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tem 21 is morked or them 18 shows ony injury		21a. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d INJURY OCCUI WHILE NOTIFY AT WORK AT W 22a. I certify that (CAUSE OF DEATH DICAL EXAMINER) RRED ONK () (this hospital sed glive on	PLAC (AT HOME:	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F the deceased from 198	ARM ETC)	211. LOCATION STREET	RED (ENTER NATURE OF INJU	WN - 112, 19.	COUNTY	that (I) (we
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APORTANT: If Hem 21 is morked or them 18 shows ony injury		21a. ACCIDENT WAS UT OR CONTRIBUTING (# EITHER NOTH MET 21d INJURY OCCUI WHILE AT WORK AT WO 22a. I certify that (saw the deceo above, (1) (wa) 22b. SIGNATURE	CAUSE OF DEATH PRED PHILE ORK () (this hospital sed alive on control (did not) SAME (TYPE OR)	HOUR 21e PLAC (AT HOME, ii) ottended view the box PRINT)	A.M. MONTH DAP P.M. E OF INJURY STREET, FACTORY, OFFICE, F The deceosed from LY2 Ly offier depth. MD	19 ARM E1C)	711. LOCATION STREET 19.82 nd that in (my) (our) opinion DEGREE 7.02 ATTENDING PHYSICIAN [27e. ADDRESS 48 TARN TERF	CITY OR TO	wn 19_ 19_ ote and hour an	ecounty 83 . 1 and from the country 22c. DATE:	hat (I) (we
IMPORTANT: If them 21 is morked or them 18 shows ony injury	WEDICAL	21a. ACCIDENT WAS UI OR CONTRIBUTING IF EITHER NOTIFY MEE 21d INJURY OCCUI WHILE NOTIFY AT WORK AT W 22a. I certify that (saw the deceo above, (1) (was) 22b. SIGNATURE	CAUSE OF DEATH CALL EXAMINER) RRED (I this hospitol sed alive on	PRINT) HOUR 21e PLAC (AT HOME 1) ottended 1 2 view the box PRINT) 23b. DATE	A.M. MONTH DAP P.M. E OF INJURY STREET, FACTORY, OFFICE, F The deceosed from Ly offier depth. MD 23c. N	ARM ETC)	711. LOCATION STREET 19 80 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [27e. ADDRESS	CITY OR TO CITY OR TO COUNTY OF TO CITY OR TO CITY	ote and hour on	ecounty 83 . 1 and from the country 22c. DATE:	hat (I) (we

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



STATE OF MARYLAND

1.	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	0.	1 4	1	7
	CEASED NAME FIRST	M	IDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	R A
(I YPE	Edith	Mc Cai	fferty			Dec. 20	, 198	3	12:	10 M
3. SE	x	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BE	THDAY}	IF UNDER I YEAR	IF UNDER	24 HRS
	Female	White		Apri		59	YRS.	MONTHS DAYS	HOURS	MIN.
7a. B	RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	8.		9. BALTIMORE CITY		Y OF DEATH		
	W. Va.	USA	A	WIDOWE	D NEVER MARRIED DIVORCED	Alle	gany			MD.
	umberland	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET A North Ce	ADDRESS)	St.	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewife		IZE KIND O INDUSTRY In Or		
130. 5	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Alle	TY	Cumberla	N	134. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 537 Nort	h Cen	tre St.	215	02
14. FA	ATHER'S NAME Rister L	epley	LAST		15. MOTHER'S MAIDEN NAM FIRST Sarah			LAS	т	
	WAS DECEASED EVER IN U.S. ARA		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS			
(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			Mrs. Dolly M	lansfield,	Ohio,	Daughte	er	
NOI	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR	AS A CONSEQUE	EMU INCE OF	CARCULATED TO THE TERM	INAL DISEASE OR CON	IDITION GI	VEN IN PART 110	2	
CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTI	S, WERE FINDIN FYING CAUSES ES		H?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M 21e. PLACE C	A. MONTH DA	19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU		PART 1 OR PART 2)		STATE
2	WHILE NOT WHILE AT WORK	(AT HOME, SIRE	ET, FACTORY, OFFICE, F	ARM, ETC.)	3.110				No.	
100	The f certify that (I) (this hotses are on allower, (I) (we) (did) (did not the San and the san allower) (1) (we) (did) (did not the san allower) (d	ents the both	19	, or	DEGREE ATTENDING PHYSICIAN The ADDRESS Memorial Medi	MEDICAL STA DIRECTOR PHYSI	FF	22c. DATE	SIGNED	/ 8 3
23a I	Amado P. Torre	236. DATE	[23c N	NAME OF C	EMETERY OR CREMATORY	1234 LOCATION	Cullib	criana,	TIN 8	
	Burial	12-22-1			Memorial Par	CITY OF TOWN	and, A	Allegany	, Md	FATE

JANO 3 1984

BP. DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fashould be detached for use as the burnol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygene prior to buriol, cremation, ar removal.

injury, or other troumotic event, the medicolexongine

MPORTANT: If them 21 is morked or them 18 shows ony

24 FUNERAL DIRECTOR

James F. Scarpellli, Cumberland, Md.

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or ottending physician.

the errors thereis Sign beattern. TOTAL A STATE OF THE STATE OF Tothward olds the claim and the best term 15-72-1903 | Summer Leavente L. extr. Summer | 2001-27-31 Janes .. Jest collist, Grafendard, Md. JAR Janes

-		CEASED NAME FIRST	NPORT, MD 21562	CERTIFICATE OF DEATH	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 26 HO
मार्थित	(1198	ZOLA	D	MCNEILL	DECEMBER 20, 1983 10:
	3. SE	K	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR # UNDER MONTHS DAYS HOURS
	K	emale	White	20 1905	77 YRS
5.5		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED MEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
-	III. C	Maryland My or town of DEATH	U.S.A.	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	ALLEGANY COUNTY 126 USUAL OCCUPATION 126 KIND OF BUSIN
7	-	umberland	SACRED HEAR	EET ADDRESS]	Type of work for most of working Life) INDUSTRY Domestic Houseworl
1	13a S	STATE IN COU	or other institution, give residence ber inty 13c. City or to neral Piedmon	DWN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 4 E. Hampshire St. 2675
R	LE FA	ATHER'S NAME FIRST	MIDDLE LAST	is mother's maiden na Bertha	AME Cain LAST
-		olemen VAS DECEASED EVER IN U.S. AI	S Harvey RMED FORCES? 1166 SOCIAL SE		ADDRESS
3			1VE WAR OR DATES) 234-38-	-8358 Frank McNei	ill Piedmont, W.Va. 26750
		5 97 CMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF THE TOTAL OF	way a	col culi
3	TIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONDITION OF A CONDITI	way a	MINAL DISEASE OR CONDITION GIVEN IN PART 110 200. AUTOPSY? YES NO YES NO YES NO
	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OFHER SIGNIFICANT 190 DATE OF OFTER TION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECTION OF THE TOP OF THE	QUENCE OF CONTROL TERMS O DEATH BUT NOT RELATED TO THE TERMS H OPERATION WAS PERFORMED 116. HOW INJURY OCCUR	200 AUTOPSY? 200 IF YES, WERE FINDINGS USI
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OFHER SIGNIFICANT 190 DATE OF OFTER TION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO SECTION OF THE CONDITION FOR WHILE CONDITION FOR WHILE CATT HOUR A.M. MONTH F.M.	O DEATH BUT NOT/RELATED TO THE TERM TH OPERATION WAS PERFORMED DAY YEAR 19	200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO NO NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
7	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OF HER SIGNIFICANT 190 DATE OF OFFICIANT 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHILE ATTHE OF INJURY HOUR A.M. MONTH	DAY YEAR 19 20 DEATH BUT NOT RELATED TO THE TERM THOPERATION WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? 200. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA
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29		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OFFICIATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (I) (this hosp saw the deceased alive a	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DUENCE OF THE TERM	200 AUTOPSY? TO BE IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEVYES NO YES NO NO NO COUNTY CITY OR TOWN COUNTY To 19 3, that (I)
777		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OFFICIATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (I) (this hosp saw the deceased alive a	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DUENCE O DEATH BUT NOT/RELATED TO THE TERM THO OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION SIREE DEGREE ATTENDING	200 AUTOPSY? 200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO YES NO NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
MOKIANI: If Item 21 is morked or frem a showyooy injury, or office event, in		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OFHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK AT WORK 220.1 certify that (I) (this hosp sow the deceased alive a above, (I) (we) (did) (did in 22b. SIGNITIAE)	DUE TO, OR AS A CONSECTION OF THE PRINT OF THE BODY OF THE BUTTING TO THE BUTTING	DEGREE DUENCE O DEATH BUT NOT RELATED TO THE TERM THO OPERATION WAS PERFORMED 21t. HOW INJURY OCCUR 21t. LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	206 AUTOPSY? 206 IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA YES NO YES NO 206 AUTOPSY? YES NO YES NO 207 YES NO 208 PART 1 OR PART ?) CITY OR TOWN COUNTY 208 Date SIGNER MEDICAL STAFF 226. DATE SIGNER

77 20 05 77 area . for a long to the control of Acute near headens well the van the it me feet in David Colent Hyperthine I SIP WA. CITTLENDING ES m/21 28 5/11/2 02/21 12/20/50 . = t

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MPORTANT: If them 21 is

CERTIFICATION

MEDICAL

STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGIENE	
CEDTIFICATE OF DEATH	EPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH	CERTIFICATE OF DEATH

- STATE REGISTRAR			CERTIFICATE OF DEATH	REG. NO.			
DECEASED NAME	ANNIE	BELLA MERRBAUGH	LAST	12 10 83		2ь нои 9:08	
3. SEX F		4 RACEW	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY) 81 YRS	IF UNDER 1 YEAR	IF UNDER	24 HR5 MIN.
OUNTRACE (STA	TE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Allegany	OF DEATH		MD.
ID. CITY OR TOWN O	FDEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND O	F BUSINE	SSOR

Why Home Sacred Heart Hospital Cumb. omemaker ve residence before admission 3c. CITY OR TOWN. Lonaconing USUAL RESIDENCE 130 STATE EOUNTY ALLEGANY 23 Charlestown St. MD. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME

Della

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 220-3L-200 17 INFORMANT Eldred Broadwater, Barton, Md.

B CAUSE OF DEATH (Enter on		line for (a), (b), and (c).	_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
PART I. DEATH WAS CAUSED	DBY: E CAUSE (0)	Myocardial	Infaction	minutes
4100 Conditions, if any, which		AS A CONSEQUENCE OF	Atheresclessis	yean
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OF	R AS A CONSEQUENCE OF		

Diabetes mellitus

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
Total Control of		YES NO	YES 🗌	NO [

21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING _ CAUSE OF DEATH

21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY

NOT WHILE 220 I certify that (Phis haspital) ottended the deceased from

saw the deceosed alive on 19 3 abave (I) (we) (did) (did not) view the bady after death.	and that in (my) (our) opinion death occurred on the date and hour and	from the causes state
77h SIGNATURE //	DEGREE	22c. DATE SIGNED
(Lomas 1. Devlin	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	12-11-83

22e ADDRESS

Nicol

Andrew

Thomas J. Devlin M.D. 55 Jackson Street, Longconing.

23a BURIAL, CREMATION, REMOVAL	23b. DATE	1	3c. NAME OF CEMET	ERY OR CREM	ATORY	23d. LOCATION	
Burial	Dec. 12,	198	3 Laurel	Hill	Cem.	Moscow	Affegany

Home to Engine St.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

CITY OF TOWN

Donald

STATE

Md

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed be should be detoched for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial. HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physicion. BP

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

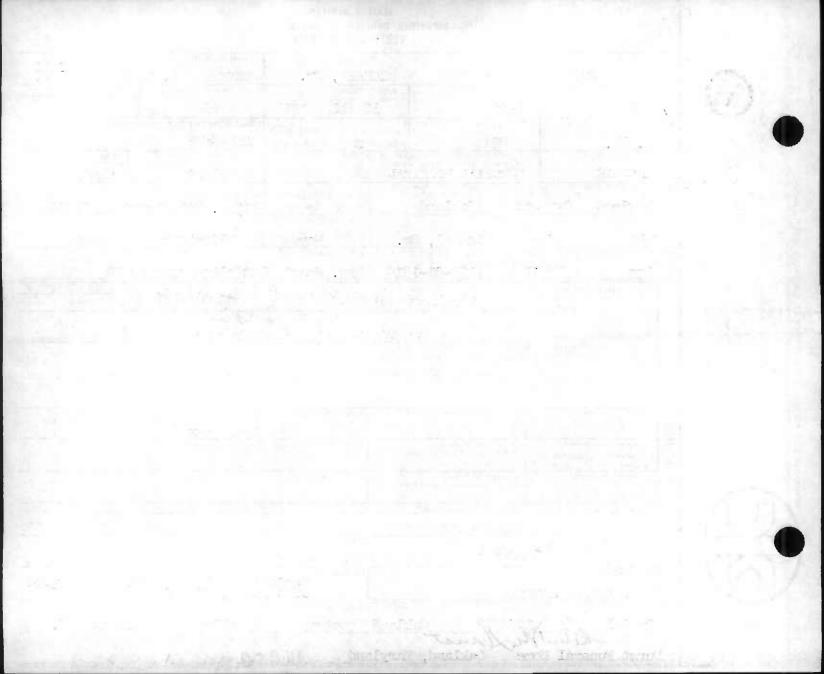
REG NO. 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MO TYPE OR PRINT) 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHD) White 12 17 1917 65 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED NEVER MARRIED NEVER MARRIED ALLEGANY W. Va. USA WIDOWED DIVORCED ALLEGANY 10. CITY OR TOWN OF DEATH (I. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IYVE OF WORKFOR MOST OF WIDOWED) CUMBERLAND MEMORIAL HOSPITAL MEMORIAL HOSPITAL MEMORIAL HOSPITAL REG NO. 20. DATE OF DEATH NO. AAGE (IN YEARS LAST BIRTHD) BALTIMORE CITY OR COUNTRY) WIDOWED DIVORCED 120. USA (IYVE OF WORKFOR MOST OF WIDOWED) WE OF MOST OF WIDOWED COUNTRY OR CO	, 1983 AY) IF UNDER 1 YEAR IF UNDER S YRS. COUNTY OF DEATH
JOHN ADAM MICHAEL, Jr. DECEMBER 5. 3 SEX 4. RACE White S. DATE OF BIRTH MONIN 12 17 1917 6. AGE (IN YEARS LAST BIRTHD) WOUNTRY) W. Va. USA USA WIDOWED DIVORCED ALLEGANY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF YOU IN SUCH FACILITY, GIVE STREET ADDRESS)	, 1983 AY) IF UNDER 1 YEAR IF UNDER 3 MONTHS DAYS HOURS YRS. COUNTY OF DEATH
A. RACE MALE White S. Date of Birth MONTH 12 17 1917 6. AGE (IN YEARS LAST BIRTHD) MONTH WEAR TO STREET ADDRESS P. BALTIMORE CITY OR COUNTRY) W. Va. USA WIDOWED DIVORCED ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (1796 OF WORKFOR MOST OF W.)	FUNDER 1 YEAR IF UNDER MOUNTS DAYS HOURS YRS. COUNTY OF DEATH
76. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) TO COUNTR	YRS. COUNTY OF DEATH 12b. KIND OF BUSINES
W. Va. USA WIDOWED D DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (LE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (1795 OF WORK FOR MOST OF W.	COUNTY OF DEATH
W. Va. USA WIDOWED ☑ DIVORCED ☐ ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (179E OF WORK FOR MOST OF WI	
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI	
	ORKING LIFE) INDUSTRY Candy
USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STREET ADDRESS 130. STREET ADDRESS	
Maryland Garrett Oakland YES NO 113 S. 7th S	Street 21550
14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE AND FIRST MIDDLE	LAST
John Adam Michael, Sr. Mary Elizabeth	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES NO OR UNKNOWN) 16 YES, GIVE WAR OR DATES)	
Yes WW II 232-01-1310 Mrs. Janet Glotfelty- san	me as 13
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and is 1	APPROXIMATE INTERV BETWEEN ONSET AND D
PART I. DEATH WAS CAUSED BY MASSIVE MA Cerebral hemyshaf	~
underlying cause lost.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT.	0b. IF YES, WERE FINDINGS USED
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 AUTOPSY? YES NO 211 NO 212 NO 212 NO 213 NO 214 NO 215 NO 216 NO 216 NO 216 NO 217 NO 218 NO	OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES \(\) NO \(\)
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT	OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES \(\) NO \(\)
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF OEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTHY MEDICAL EXAMINER) 210. LOCATION 210. INJURY OCCURRED 210. LOCATION 211. LOCATION STREET CITY OR TOWN	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO NOTEM 18, PART I OR PART 2)
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO NOTEM 18, PART I OR PART 2)
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21d. INJURY OCCURRED 21d. IN	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO COUNTY COUNTY 19, that (1) (w
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 AUTOPSY? 211 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CONTRIBUTION 212 CHOW INJURY OCCURRED 213 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 214 LOCATION STREET CITY OR TOWN AT WORK AT TENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO COUNTY COUNTY 19 that (1) (w and hour and from the couses state
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DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be tilling with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Durst Funeral Home

Oakland, Maryland



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		CEASED NAME FIRST	AND, MD 21502	3-10	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HC
		CECIL			ILLER	DECEMBER 16, 19		12
	1.58	Male	White	S. DATE	OF BIRTH 27, 1912	6. AGE (IN YEARS LAST BIRTHDAY) 71 YRS.	MONTHS. DAYS	HOU
25		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8. MARRI WIDOW	IED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY ALLEGANY COUNT		
2/	10	umberland	ME OF HOSPITAL, NI (VENOT IN SUCH FACILITY, GIVE SACRED HEAR	URSING HOME STREET ADDRESS) T HOSPI	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF	
25	13a	STATE 130	DUNITY 130, CITY OR Bedf		13d. INSIDE CITY LIMITS? YES NO TOK	13. STREET ADDRESS / ZIP CODE Rt. 3 Box 260		52
03	et F	Sanford	Middle Mil.	ler	15. MOTHER'S MAIDENNA Carrie	M.	Gro	wd
3		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	Carl IIII Carl III Carl	SECURITY NO. 0-0409	John R. Reckl	ey Cumberland		62 150
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	EQUENCE OF		disease DE CONDITION CIN	VEN IN PART 100	
10	IFICATION	gave rise to immediate cause (a), stating the underlying cause last.	due to, or as a cons	SEQUENCE OF	OT NOT RELATED TO THE TERM	IN CERTIF	At for	GS U
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ONISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMOKE, MAKTLAND 11201 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death etained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral attended be detached for use as the burial-transit permit. Then please remave carbanpapers-Pages 1 and 2 should be filed within 77 mount.
with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, or remayal.
WPORTANT: If Item 21 is marked at Item 18 shows any injury, or other troumatic event, the medical expanser most be notified apartee

STATE OF MARYLAND

1.	STATE REGISTRAR			DEPARTA		ICATE OF D		REG.	NO.				
	CEASED NAME DATE	ISY	ELIZA	ABETH		ELSON		20. DATE OF DEATH DECEMBER		B3	6:10 A. M		
3. SE.	х	4.	RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST		MONTHS DATE	IF UNDER 24 HRS		
Fe	emale	α	hite		Dec.	20,	1907	76 Years	YRS.	MOITING DATE	NODES MIN.		
	RTHPLACE (STATE OR F		CITIZEN OF	WHAT COUNTRY?	8.	D NEVER M	ARRIED [9 BALTIMORE CITY OR COUNTY OF DEATH					
We	est Virgini	ia	U.S.A.		WIDOWE		ORCED	Allegany			MD		
	IMBERLAND ^{EA}	N	IEMORIA	HOSPITAL, NURSIN HEACILITY, GIVE STREET AL HOSPIT.	ADDRESS)	MEDICAL		120 USUAL OCCUPA (TYPE OF WORK FOR MOS Production	TOF WORKING LIF		Kelly-or ngfield		
13a S	AL RESIDENCE (IF NURS STATE Va.26753	Winera		Ridgelei	N	136 INSIDE CI YES 🔏	NO 🗌	136 STREET ADDRESS		ip:	19999		
V -	ATHER'S NAME PIRST	D. MID		Myers		15. MOTHER'S	MAIDEN NA/	ME MIDDLE		Lease	AST		
	VAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECU	RITY NO.	17 INFORMAL	NT	164 198	tin St.				
	YES, NO OR UNKNOWN)	•		214-07-0	952	Lynn 1	D. Nels	son Ridge	Leu. W.	Va. 26	753 XIMATE INTERVAL LONSET AND DEATH		
	2028 Conditions, if any, gave rise to imm	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF				torn							
NOI	PART 2 OTHER SIGN	NIFICANT CO	VIDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 1	(a		
CERTIFICATION	19a DATE OF OPERATION 19b			19b CONDITION FOR WHICH OPERATION			N WAS PERFORMED 200 AUTOPS			206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19			21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P.			PART I OR PART 2)					
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK				FARM, ETC.) 211 LOCATION CITY OR TOWN				TOWN	COUNTY	STATE		
	22a.1 certify that (1) saw the decease obave (1) owe) (c				/2- -3. or	ad that in (my)	our) apinian	death occurred an the	date and hou	r and from the	that w (we) last		
1	22b. SIGNATURE	0	selles	of lenter	Work	N P		DIRECTOR PHYS	AFF	3 (p	E SIGNED		
	226. PHYSICIAN'S NAME (TYPE OR PRINT)					220 MORNORTAL HOSPITAL MEDICAL BUILDING							

DR. TERRY WILLIAMS

MEDICAL BUILDING CUMBERLAND, MARYLAND

23d LOCATION
CITY OR TOWN
CUmberland Allegany 231 NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL BURIAL Jan. 2. 1984 Sunset Mem. Park

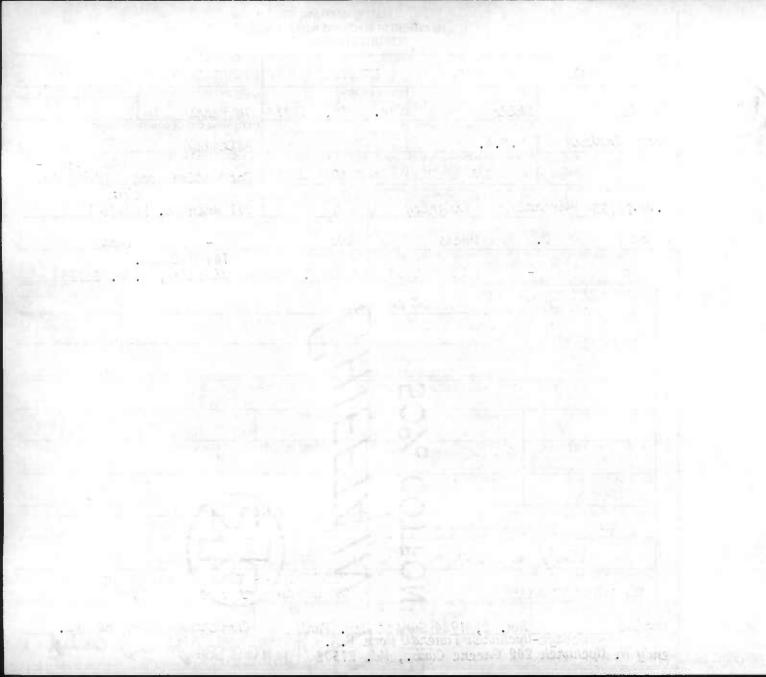
24 FUNERAL DIRECTOR GEOTGE-Upchurch Funeral Home P.A.

Wendy N. Upchurch 202 Greene Cumb., Md. 21502

23b. DATE

(VRA 15, 4)

DHMH - 16 50M 4/82



	1 - :	FOR STATE REGISTRAR		M	DEPARTMENT OF		AND MENTAL		REG. N	10.	. 5	(,)
ar of 10 pm		CEASED NAME OR PRINT)	Gran	nston 0.	Newman		LAST		OF ESTI- EATH MATED 3	3.0	-31 ₁₉ 83	1 A M
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RETAIN RETAIN RECORD	12a S1		13b. COUI	or other institution, on the state of the st	13 CITY OR TOWN	nd	13d. INSIDE CITY LIMITS? YES K NO [763	ADDRESS Maryla	nd Ave	215	602
AND 2 S AND 2 S AND 2 S	14. F.A	THER'S NAME	Lloyd	Newman	LAST			inia Rol		n.	ughter	
S. GIVE PACK WITH FORM T. PAGES 1 DIVISION		/AS DECEASED I s, no, or unknown no		RMED FORCES? E WAR ORDATES)	214-05-49		Mrs. J	udith A	nn Imes,			
NE NE SAIT			TH WAS CAUSI	ED BY: ATE CAUSE (0)	ne for (a), (b), and (c).)		ardiac Ar	rest				en
NCIL IN ITER INER ALON RANSIT PER TAL HYGIE	_	gove rise	if ony, which	(b)	r as a consequence	C∈	erebral Va	scular	Accident			
I EXAMIN IRIAL - TRA ND MENTA IION, OR		lying couse		(c)	r as a consequence							
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ING THE WOOD TO THE SHOULD BE PARTMEN PRIOR TO B		214. EXTERNAL UNDERLYING CONTRIBUTING	OR		DFINJURY M. MONTH DAY YE. M. 19		OW INJURY OCCUR	RED LENTER NATUR	RE OF INJURY IN ITEM 1	8 PART I OR PAI	RT 2)	
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FICATE, VER FORW, PARTHE STATE STA		22a. I certify death resulted		rge of the remains d	escribed above, held on	Autop Suicide	sy , Inspect		nquiry ()	and in my op	ninion	
HE GERT HOULD HOULD HOULD ATH, WIT SE, MAR	13	ACTUAL SIGNATURE	Do	en 6	m		Asst.De	eputy MEDICAI	EXAMINER	DATE SIGNE	0/2/3/	183
EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT BALTIMORE		EXAMINER'S N (TYPE OR PRINT URIAL, CREMATI	Dr.	Paul Sn	OW, M. D.		ADDRESS.	orial Ho	spital,	Cumbe	rland,	Md.

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DHMH - 17 (VR A15 ME (5)) 15M 2/80

230 BURIAL, CREMATION, REMOVAL ^{23b. DATE} Jan. 3, 1984

23c. NAME OF CEMETERY OR CREMATORY SS.Peter & Paul Cem.

Cumberland, Allegany, 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. 21502

JAN 1984

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STATE OF MARYLAND

1-	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	o .		
	CEASED NAME OR PRINT! ZE	FIRST LLENE E	CLSIE N	ORRIS	LAST	December :		YEAR	8:40 A M
3. SE	Famel	4 RACE	ite		of Birth b. 13,1904	6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
70. BI	RTHPLACE (STATE OR FOI	REIGN 76 CITIZE	N OF WHAT COUNTRY?	MARRII WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY O		OFDEATH	MD
,	TY OR TOWN OF DEAT	MEM MEM	ORIAL HOSPI	TAL &	OR OTHER INSTITUTION MED. CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired		Coun	of BUSINESS OR
13a S Mar	yland	S HOME OR OTHER INST 36 COUNTY Allegany	TUTION GIVE RESIDENCE BEFOR	/N	134. INSIDE CITY LIMITS?	130 STREET ADDRESS 235 Paca	St.	21502	I maly
		rt A. Hai				live L. Hair		LAS	
	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FOR (IF YES, GIVE WAR OR D.			Mrs. Virgin	ia L. Fisher	D	aughte: berland	
	Conditions, if any, gove rise to imme cause (a), stating underlying cause	which diate the last.	TO, OR AS A CONSEOU TO, OR AS A CONSEOU (c) NS CONTRIBUTING TO	ENCE OF	rella Tya	plusman			q
CERTIFICATION	190. DATE OF OPERATION	ON 19b (CONDITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY? YES NO		, WERE FINDING CAUSES	
MEDICAL CERT	saw the deceased	USE OF DEATH LEXAMINER) D 21e. F (AT M) his hospital) attendative and alive and yieldid not) view the	IME OF INJURY JR A.M. MONTH D P.M. LACE OF INJURY OME, STREET, FACTORY, OFFICE, ded the deceased fram bady after death.	FARM, ETC)	21f LOCATION STREET 19 Ind that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN 122e ADDRESS	city or too 2 , to	wn, I ate and have	county 9 P3 and from the 22c. DATE	
	DR. THADDI	EUS H. EL	DER			HOSP. MEDICA	2150		

23t. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

12-13-1983

236. DATE

230 BURIAL, CREMATION, REMOVAL ISPEC Burial

23d LOCATION CUTY OF TOWN Hillcrest Burila Park
250. DATE REC'D.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval

IMPORTANT: If them 21 is marked or them 18 shews

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF D	PEATH	REG.	NO			
1. DE	CEASED NAME	FIRST		MIDDLE	4	AST		20 DATE OF DEATH		DAY	YEAR	26. HOUR
TYPE	OR PRINT)	CATHE	ERINE	STEINL	A	PEER			12	15	83	0900 ~
3. SE	X		4 RACE		5. DATE C			6 AGE (IN YEARS LAST I	BIRTHDAY)		DERTYEAR	IF UNDER 24 HRS
F	FEMALE		WHITE	-	MONIT	, 84v	YEAR	69	YRS	MONTH	SOAYS	HOURS MIN
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C	Maryla	nd	UNITE	ED STAT	ES WIDOWE	D NEVERA	VORCED	ALLEGA	NY			MD
10. CI	ITY OR TOWN OF DEA	ATH			JRSING HOME C		ITUTION	12a USUAL OCCUPA				OF BUSINESS OR
(CUMBERLAND			RIAL HO				(TYPE OF WORK FOR MOS		S LIFE) IN	MO	tel
USU	AL RESIDENCE (IF NURS							4				215
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14. FA	ATHER'S NAME	,	MIDDLE	LAST	,	15 MOTHER'S	MAIDEN NA	ME			LAS	ST
	Oscar		vin	Stei	nla	Ire	ne Go.	ldsworthy	7 -			
	VAS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMA	INT	ADI	RESS			
	No			214-0	5-5902	Gilm	ore E	. Peer -	same	as		ove
	18 CAUSE OF DEAT	H (Enter on	ly one couse per	r line for joi, it	or and c				1		BETWEEN	ONSET AND DEATH
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	gove rise to imi	ng the	DUE TO O	RASISEONS	EQUENCEOF	1			(1)	-		
	underlying cause	last	1 . 101-6	100	cas	1 Co	ten	Ame	6000	60		
	PART 2 OTHER SHOP	NIFICANTO	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	AL DISEASE ONE	MINION I	GIVEN IN	PERTY	1.0
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MEDICAL CERTIFICATION	THE DATE OF SHERA	TION	IM COND	THON FOR W	HICH OPERATIO	N W/S PENIO	RMED	28s AUTOPSYS				NGS USED S OF DEATH
RTIF	july	83	Lei	0/	mels	also	250	YES NO NO		YES 🗌		NO D
ä	177	CAUTE OF DEA	HOUR A		DAY YEAR	ZIL HOW IN	JURY OCCUR	RED (ENTER HATURE OF IN	OURY IN ITEM	UL PART I C	SEPARED)	
CAL	(IF EITHER, NOTHY MEDIC	ALEXAMPLES)	P	M.	19	1						
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	22a I certify that	(this hospi	toll attended th	e deceased f	róm S		19/9	10 10 2	jec	. 19-6		that (I) we lost
	saw the deceas above (1) pwel (did did no	t vew the body	ofter death.	.19 7.01		(aur) apinian	death occurred on the	date and l			
	27h HGNATURE	11/-	my	14-	/	DEGREE	TTENDING	MEDICAL S	TAFF		22c DATE	SIGNED
	and	Wr	Mel	ano	398			DIRECTOR PHY	SICIAN	1	200	200
	224 PHYSICIANS N	ME ITHE S	e restor?	3 370 -	11	22e ADDRES	S /					
230. 8	BURIAL, CREMATION,	REMOVAL	23b. DATE	0./07	23c. NAME OF C			23d LOCATION CITY OR TOWN		COUN	TY	STATE
	Burial		12/1	8/83	Hiller	rest B						any, MI
24 F	UNERAL DIRECTOR			ADDRE	ss		25a. DAT	FEED OF REGISTE	R SSb. REC	STRAR'S	SSIGNAT	Chulk
	John J.	Hafe:	r, Jr.	La	Vale, 1	/ID			0			

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND

CERTIFICATE OF DEATH	REG. N	10.			
LAST	20 DATE OF DEATH	MONTH	OAY	YEAR	2b. F

1 - STATE REGISTRAR	DE	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT) WAYNE	EMERAL	PHILLIPS	20 DATE OF DEATH MONTH December	4, 1983 12:30 p
Male Male	4.RACE White	Dec. 23, 1907	6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS.	IF UNDER I YEAR " IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
West Virginia	76. CITIZEN OF WHAT COU USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT Allegany	TY OF DEATH
Cumberland	(IF NOT IN SUCH FACILITY, GIV Memoria	l Hospital	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING RETIRED	176 KIND OF BUSINESS OR INDUSTRY Railroad
USUAL RESIDENCE (IF NURSING HOME OR 130. STATE W. Va. Mine	NTY 13c CITY O	eley 13d. INSIDE CITY LIMITS	9 Second Ave.	99999
FATHER'S NAME FIRST nf1	middle (/	15. MOTHER'S MAIDEN Hatti	e Phillips	LAST
160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES	10-7298 Mrs. Delph	nia E. Phillips, R	didgeley, W. Va.
	DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c) CONDITIONS CONTRIBUTION	ennec Cin	MOSICE ERMINAL DISEASE OR CONDITION G	IVEN IN PART TO
190 DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
00.00.00.00.00.00		TH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	3 PART L OR PART 2)
GEONTHIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 21 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Holautia	on View the body offer death	DEGREE ATTENDING PHYSICIAN		19 3. that (I) (we) lost our and from the causes stated 220. DATE SIGNED 12-5-83
Dr. R. Barrer	a /	220 ADDRESS 230 NAME OF CEMETERY OR CREMATOR	Memorial Hospital Cumberland, Md.	0

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior ta burial, cr

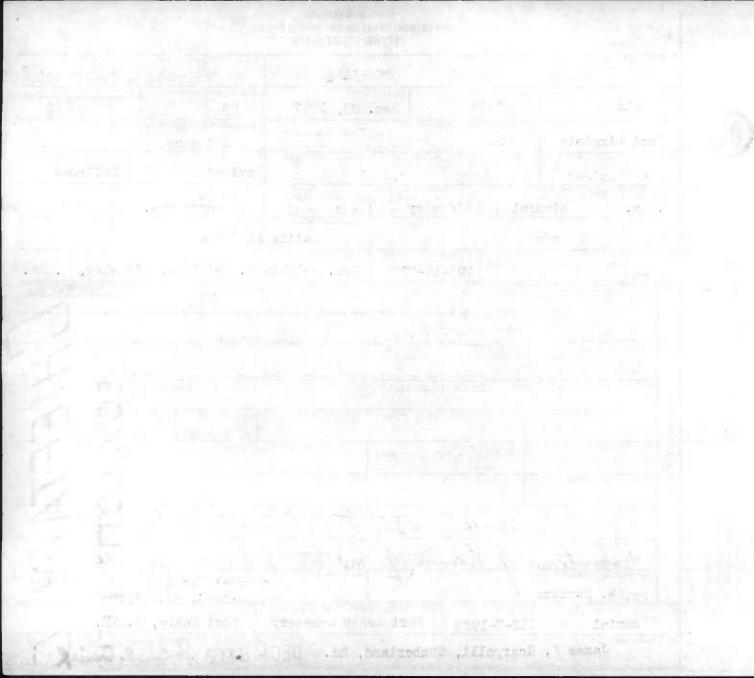
IMPORTANT: If them 21 is morked or them 18 shows

Burial 12-7-1983 Fort Ashby Cemetery

Fort Ashby, W. Va.

24 FUNERAL DIRECTOR Scarpelli, Cumberland, Md.

DECO 8



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Por

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MPORTANT

MEDICAL

ber

DURST FUNERAL HOME FROSTBURG, MD 21532 - STATE

EIR51

DARLENE

REGISTRAR 1. DECEASED NAME

O CITY OR TOWN OF DEATH

GEORGE

CIMPLEDIAND

14 FATHER'S NAME

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
CERTIFICATE OF DEATH							

	CERTIFICATE OF DEATH	REG. NO.			
WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
ANN	PORTER	DECEMBER 21, 19	983	9:45	An
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER LYEAR	IF UNDER 24 HRS	5
WHITE	MAY 1. 1938	45 YRS	MONTHS DAYS	HOURS MIN	

FEMALE To. BIRTHPLACE I STATE OR EOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND

I F NOT IN SUCH FACILITY, GIVE STREET ADDRESS!

U. S. A. WIDOWED DIVORCED TO NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

ALLEGANY COUNTY 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE HOME

BALTIMORE CITY OR COUNTY OF DEATH

COMBERKANL		SACRED	HEART	HUSP.	ITAL
SUAL RESIDENCE (IE NE		ER INSTITUTION, GIVE RE	SIDENCE BEFORE	ADMISSION)	
3a STATE	13P COUNTA	13c. C	ITY OR TOW	N	13d. INSID
MARYLAND	ALLEGA	NY FE	OSTRUE	RG	YES Y

MIDDLE

4 RACI

LAST LUCAS

FIRST BERNIECE ADDRESS

GIBSON

FROSTBURG. MI

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES!

166 SOCIAL SECURITY NO

13e STREET ADDRESS / ZIP CODE 155 FIRST ST..

NO	216-38-1358 THOMAS L. LUCAS, FROSTBUR	G. MD. 21532
PART I. DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEATH
1749 IMMEDIATE CA	0SE (8)	
Conditions, if ony, which	oue to, or as a consequence of breast.	
gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	
Underlying Couse lost	(c)	
PART 2 OTHER SIGNIFICANT CON	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART Ito

17 INFORMANT

INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

NO [

196 CONDITION FOR WHICH OPERATION WAS PERFOR 19n DATE OF OPERATION

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO TY

218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED

NOT WHILE

21b. TIME OF INJURY MONTH DAY HOUR A.M. YEAR 19 21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC]

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2) 211. LOCATION

COUNTY

22a.	I certify	lhot	(I) (this	hospitol)	ottended	the	deceosed	from_	_
	sow the	dece	ased of	ive on				19	
					ew the bo	dv o	fter deoth.		

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DEGREE

22b. SIGNATURE

RANJITHAN.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATE

22d PHYSICIAN'S NAME TYPE OR PRINT)

22e. ADDRESS

MEMORIAL MEDICAL BLDG. CUMBERLAND, MD 21502 23d. LOCATION

CITY OR TOWN

П		CREMATION	, REMOVAL
	(SPECIFY)	RIAL	
	 ROI	KLAL	

23c. NAME OF CEMETERY OR CREMATORY FBG. MEMORIAL PARK

FROSTBURG. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

24. FUNERAL DIRECTOR

DURST FUNERAL HOME. FROSTBURG.

MD

23b. DATE

DHMH - 16 50M 4/83 (VRA 15, 4)

0

BP.

A PARE TOTAL TOTAL AND THE A	15 FETRO		313134	
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Y7100 YMOBLLA			2.75	CHARTON
STATE OF STATE OF	JATT9	RED, HEARY MAS	3/42	CHARLES OF THE SECOND
195 THE ST., THEFTEE, M. SEERS			VESTELL	and the second
W03010				1090.80
Affre, Prochemic, 15, 21532	a summer	1267 - E-136		
			7 P. S.	
some manufacture and pare			ON JUNE	
	URS LATEONS	.201 1 951 5	i light.	
300000000000000000000000000000000000000		at austros		

] -	FOR STATE REGISTRAR		DEPART MEDICAL	MENT OF H		ND ME	NTAL HYG		5 H	REG. NO	-	4. 9	Ú	
1. DEG		FIRST	WIDDLE		LAS		,	20	DATE KN	IOWN X	MONTH 12	/ 17/83	2ь. но 104	
3. SEX	Newtor 14. RACE	15. DATE OF	Kirk	6. AGE (IN YEAR	Rob		F UNDER 24 H		DEATH M	ATED [MONTH.	DAY YEAR		
. JE	M Cau	MONTH	-12 YEAR	71 BIRTHDAY	MONTHS!		HOURS MIN		DEAD	12/	17/8		104	
7a BI	RTHPLACE (STATE OR REIGN COUNTRY) est Virginia	76. CITIZEN	OF WHAT COUP	VTRY?		_	ER MARRIED				COUN	TY OF DEATH		
	TY OR TOWN OF DEATH	II. NAME C	A DF HOSPITAL, NU SUCH FACILITY, GIVE S		OR OTHER		DIVORCED ION 120.	USUAL	Allec OCCUPA TOF WORKIN	TION (TYPE	OF WORK	12b KIND OF B OR INDUS	USINESS	
C	umberland	Memo	rial Hos	spital	NI)		R	leti:	red M	ainte	nan	or indus e-Count Board	duca	
13a S	rvland 13b	LCOUNTY Allegany	gany Spring Gap			13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS YES NO NO NO					Card	2156	0	
14. FA	THER'S NAME	MIDDLE	MIDDLE LAST				ST MAIDEN N		MIDD			LAST		
16s. V	Willia AS DECEASED EVER IN	u.s. ARMED FORCES						Anna Cleavinger ORMANT ADDRESS						
[Y		YES, GIVE WAR OR DATES)		-10-713				ny R			ng (Gap, Md.	Wife	
	18. CAUSE OF DEATH (I	Enter anly ane cause p										APPROXIMA BETWEEN ONS	TE INTERVA	
	4149 1	AMEDIATE CAUSE (a)	Cardia:	SEQUENCE O			-				_	sudde	an e	
	Canditions, if any,	, which		ry arte		art d	isease					years	3	
	cause (a) stating the lying cause last.		O, OR AS A CO					-						
-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to													
CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPS	Y?			
TIFIC										YES 🗆				
	210. EXTERNAL CAUSE OF UNDERLYING OR CONTRIBUTING CAU		IME OF INJURY JR A.M. MONTH P.M.	DAY YEAR	21c. HOW	'INJURY (DCCURRED (E)	NTER NAT	JRE OF INJUR	IN ITEM 18 PA	ART 1 OR P	ART 2)		
MEDICAL	214 INTILIPY OCCUPRED	21e P	LACE OF INJURY	(AT HOME.	211 LOCA			-	ITY OR TOWN			OUNTY	STAT	
2	WHILE NOT WE AT WORK	IK										,		
	226. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry .													
	ACTUAL (2.0%	w	,	M.D.	TITLE (SP					DATE SIGN	12/1°	7/83	
					AA D	M > 1	DULV	MEDICA	LEVAMA	IE O			1100	
-	EXAMINER'S NAME	Paul Snow			M.D.		Memori				SIGN	ED		

BP. **DHMH-17** (VR A15 ME (5)) 15M 2/80

24 FUNERAL DIRECTOR Jam es F. Scarpelli, Cumberland, Md.

12-20-1983

Burial

23c. NAME OF CEMETERY OR CREMATORY
Mt. Tabor Cemetery 1334 LOCATION CITY OF THE COUNTY ALL COUNTY Md.

The period of th

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

Petained by the haspital ar attending physician.

DHMH - 16 50M 4/82

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fided weith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

injury, ar ather traumotic event,

IMPORTANT: If Hem 21 is marked at Hem 18 shows any

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG	NO

1	REGISTRAR				CERTII	FICALE OF DEATH	REG. N	10.				
	ECEASED NAME	FIRST		MIDDLE		LAST	26. DATE OF DEATH		DAY YEAR	2b. HOUR		
(1)	YPE OR PRINT]	KATHER	INE	0.	RO	OSS	December	r 2. I	1983	8:45 M		
3. S	EX		RACE		5. DATE	OF BIRTH	6. AGE IN YEARS LAST 8	RTHOAY	IF UNDER 1 YEAR			
1	Female		White		Nov.	14,011913	70	YRS.	MUNIAS DAYS	HOURS MIN.		
7a.	BIRTHPLACE (STATE OF Maryland	OR FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOW	ED NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	MD		
1	city or town of Dumberland	V	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET al Hospit	ADDRESS)	OR OTHER INSTITUTION	126. USUAL OCCUPATION OF HOUSEWIF	OF WORKING	LIFE) INDUSTRY	OF BUSINESS OR		
136	ual residence (IF NU I. State V. Va.	IRSING HOME OR OTH	HER INSTITUTION.		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	2, Box	x 445 9	19999		
7	FATHER'S NAME James	Simmoñ	DOLE S	LAST		Augüsta M	Me Nay Milläir	е	LA	ST		
160	WAS DECEASED EVE		ARMED FORCES? 16b. SOCIAL SE		IRITY NO.	17 INFORMANT	ADD	ESS				
	no no or unknown)	(IF YES, GIVE W	AR OR DATES	214-62-4	553	Mr. James H						
CERTIFICATION	gave rise to in cause (o), stor underlying cau	Conditions, if any, which gave rise to immediate cause iol, storing the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 107. CAUSES OF DEATH?										
E							YES NO	Y	res 🗌	NO 🗆		
MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE			M. MONTH DAY YEAR M. 19			RED (ENTER NATURE OF INJ		COUNTY	STATE		
	22a-I certify that (I) (this haspital) attended the deceased fram											
	276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN											
	Dr. N. Ranjithan					22. ADDRESS Memorial Hosp. Med. Bldg. Cumberland, MD 21502						
23a	BURIAL CREMATION	N, REMOVAL	23b. DATE 12-5-			CEMETERY OR CREMATORY Memorial Park	23d. LOCATION Cury or town Cumber:	land,	Allegar	ny, Md.		
24.	FUNERAL DIRECTOR	s F. Sca	arpell	li, Combe	rland	I, Md.	OES 1983	25b. REGIS	L Com	TURE		

- Party - Figure the death certificate be

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

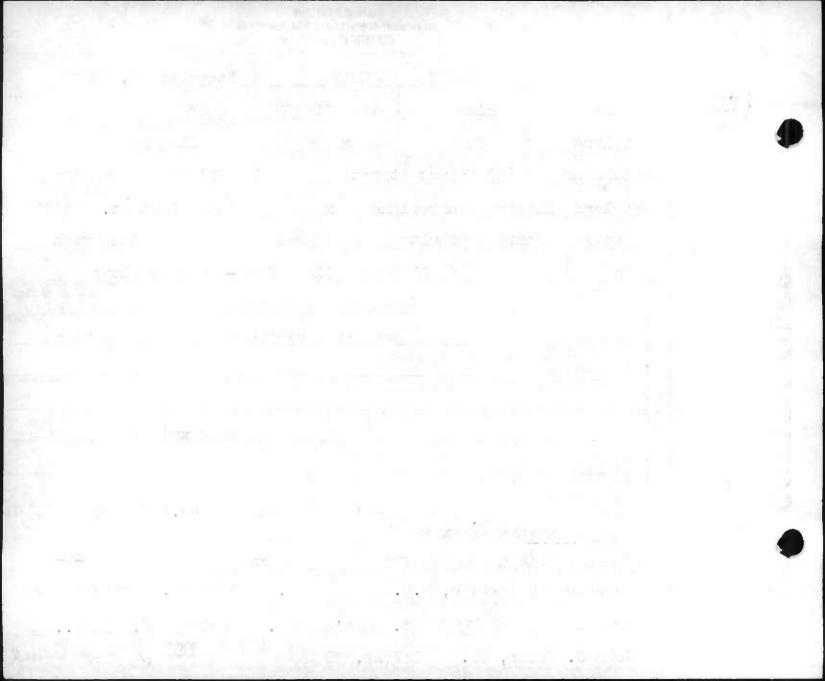
- 1	REGISTRAR		CEKITE	ICATE OF DEATH	REG. N	0.	
ľ	1. DECEASED NAME FIRST	WIDCIE	L	AST		MONTH DAY YEAR	2b. HOUR
	FRANCI			ULTZ	Decembe		
	3. SEX Male	4 RACE White	5. DATE C MONTH 12		6 AGE (IN YEARS LAST BIR	MONTHS DA	
00	7a BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.			PR COUNTY OF DEATH	
50	Maryland	USA	MARRIE	DINEVER MARRIED DINORCED		gany	
00	Cumberland	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 455 Walnut	NG HOME C TADDRESS) Stree	t t	12a USUAL OCCUPATION OF WORK FOR MOST OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE	ION 126 KINI DE WORKING LIFE) INDUST	of Business
95	ISUAL RESIDENCE (IF NURSING HOME OR 130 STATE 1136 COUN Maryland Alle	OTHER INSTITUTION, GIVE RESIDENCE BEFORM I 36 CITY OR TOVE Egany Cumber	WN	136 INSIDE CITY LIMITS? YES TO [13e STREET ADDRESS 455 Wal	nut St.	ansfer 21502
11	14 FATHER'S NAME	enry Schult:		15 MOTHER'S MAIDEN NA FIRST Rachel		Humbert	LAST
7	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		17 INFORMANT	ADDR		7711
/	(YES, NO OR UNKNOWN) (IF YES, GIVE	219 03	9099	Hilda Ric	e - same		
	PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), a D BY: (E CAUSE (a) C	nd (c).) oronal	ry Occlusi	on		dden
שושל או שוויפי וובטיייב		DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	JOPON				ars
え	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAUS	
d or Hera 18 st	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		19	211 LOCATION STREET	RED (ENTER NATURE OF INJUI		2) STATE
21 is morke	22a. I certify that (I) (this haspi	tal) attended therefore ased from	83 , on	d that in (my) (aur) apinian	to Dec.	19 <u>83</u> ate and haur and Iram t	_, that (1) (we)
Z	Benedict &	ketarelie m	5		MEDICAL STA		-2-83
MPORTANT	Benedict Sk	itarelic, M.I	0.	R#9, C	umberland	, Marylan	d 2150
≥	230 BURIAL, CREMATION, REMOVAL Burial	1110		ke's Ceme.	23d LOCATION CITY OR TOWN Cumberl	and, Alle	g STATE
	74 FUNERAL DIRECTOR NAME John J. Haf		aVale	250. DAT	FREO D BY REGISTRAR	256 RECISTRAR'S SIGN	

LaVale, MD

DHMH-16 60M 1 73

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

(VR A 15 (4))



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.		
(TYPE OR PRINT)	ILLE	M.	SCHU	ast LTZ	Decem		1983	26. HOUR 9:30
3. SEX Female	4. RACE Whit	е	5. DATE O	DAY YEAR	6. AGE (IN YEAR	S LAST BIRTHDAY	MONTHS DATS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREH Maryland	USA	WHAT COUNTRY?	MARRIE		All	city <u>or</u> coun egany		WI
10. CITY OR TOWN OF DEATH Cumberland	(1F NOT IN SU 44	South St	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OC ITYPE OF WORK FO House	CUPATION OR MOST OF WORKING WITE		of Business of wn Home
Maryland A	COUNTY LIEGANY	1.3c. CITY OR TOV	VN _	13d. INSIDE CITY LIMITS? YES 10 0		South St	. 2	1502
14 FATHER'S NAME FIRST Benjamin	Rice	LAST		Figrence		e e	LA	ST
160 WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	214-07-6		Mrs. Yvonne	Easton,	Cumberl	and, Da	ughter
underlying cause le	ote the ost. DUE TO, C	OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE O	dr condition c	GIVEN IN PART 1	10
190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP	IN CER	ES, WERE FIND	
21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTHY MEDICAL E 21d. IN JURY OCCURRED	E OF DEATH HOUR A		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUI	DE OF INJURY IN ITEM T	8 PART 1 OR PART 2)	
WHILE NOT WHILE AT WORK	LAT HOME S	PREET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
22a.1 certify that (1) (this saw the deceased a above, (1) (we) (did)		19		nd that in (my) (aur) apinion	death occurred	on the date and h		, that (I) (we) last e couses stated
22b. SIGNATURE HEM	ervet)		DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATI	E SIGNED
DR. H. C.				22. ADDRESS MEMORI CUMBER	AL HOSP	ITAL MEI	OICAL BU	ILDING
230. BURIAL, CREMATION, REA (SPECIFY) Burial	12-27		1379	emetery or crematory ys Cemetery	Cum	erland,	Allegan	y, Maire

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funning should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed within 72 is

injury, or other troumatic event, th

should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

attending physician

TO HOSPITAL OR ATTENDIN

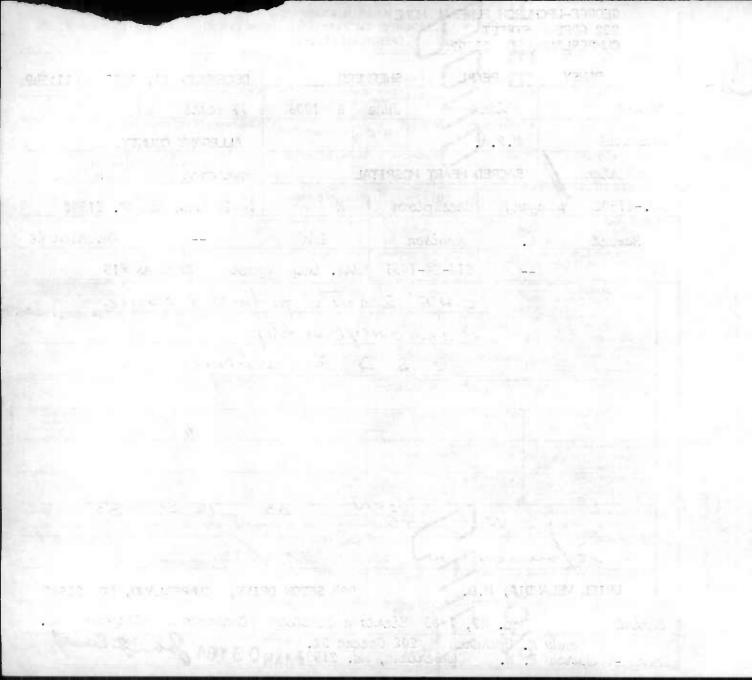
IMPORTANT: If Hem 21 is marked or Ham 18 shows any

74 FUNERAL DIRECTOR NAME James F. Scarpellli, Cumberland, Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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	p22knama.				
	. F - 45080 A.S		- bratanta	uiti Verasie	The bunfura
		nominto."			Transfer L
moreograph.		ernovî .pvl	4007-71-		
			3-2		

		REGISTROUMBERLA CEASED NAME FIRST OR PRINT) PANSY		1502 MIDDLE ARL		PHERD	DECEMBE		1983	26 HOUR
	3. SEX	emale	4. RACE White		June	DAM MEAD	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
25		RTHPLACE (STATE OR FOREIGN aryland	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CI		TY OF DEATH	
57	1	TY OR TOWN OF DEATH Cumberland		HOSPITAL, NURSII CH FACILITY, GIVE STREET DHEART H		OR OTHER INSTITUTION	120 USUAL OCCU (TYPE OF WORK FOR M Homemake	PATION OST OF WORKING	12b. KIND (of Business o Home
15	130. S M		Legany	GIVE RESIDENCE BEFOR 136. CITY OR TOV Cresapt		136 INSIDE CITY LIMITS? YES NO [134 STREET ADDR 14910 LC	ess/zipco	St. 21	502
E)/(Samuel	MIDDLE	Robiso		15. MOTHER'S MAIDEN N I, da	MIDE	•	Rave	ns croft
medico	No. V	VAS DECEASED EVER IN U.S VES, NO OR UNKNOWN) (15 YE	S. ARMED FORCES? ES, GIVE WAR OR DATES)	214-34-		Mrs. Lucy W		Same a	us #13	
omer man		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	h (b)_	R AS A CONSEQUE	ION	1	chones	i		
s any injury, ar amer trau	FICATION	gove rise to immediat couse (a), stating th underlying couse last	DUE TO, O ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	1	MINAL DISEASE OR (20b. IF Y	YES, WERE FINDI	NGS USED S OF DEATH?
em lo shows any injury, or other trau	AL CERTIFICATION	gove rise to immediat couse (a), stating the underlying couse lass. PART 2 OTHER SIGNIFICA. 19a DATE OF OPERATION. 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C.	DUE TO, O ANT CONDITIONS C 196 COND G	ONTRIBUTING TO	DEATH BUT	O E /S	MINAL DISEASE OR (200. AUTOPSY? YES \(\) NO	20b. IF Y	YES, WERE FINDI TIFYING CAUSES YES [NGS USED
rked or nem 18 shows any injury, or other trade	MEDICAL CERTIFICATION	gove rise to immediat couse (a), stating the underlying couse loss PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	DUE TO, O TO DU	ON TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	ZOG AUTOPSY? YES NO RRED (ENTER NATURE O	20b. IF Y	YES, WERE FINDI TIFYING CAUSES YES [NGS USED S OF DEATH?
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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician.

in by the funeral director, page 3

within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENT	AL HYGIENE
CEI	RTIFICATE	OF DEATH	1

1 -	FOR STATE REGISTRAR			DEPARTM		ICATE OF	MENTAL HYG DEATH		EG, NO.	0			
	CEASED NAME	FIRST	N	NDDLE	L	AST		20 DATE OF DE	ATH MONT	H DA	AY YEAR	26 HOUR	-
{ I A PE	OR PRINT)	George	Me	slev		Shook			12	19	83	11:35p	A
3. SE			RACE	3169	5. DATE C			6 AGE (IN YEARS		1F	UNDER I YEAR	IF UNDER 24 HRS	_
	Malo		Whi	to	MONTH 03	12	24 ^{*EAR}	59		YRS.	ONTHS DAYS	HOURS MIN.	
7a. 81	Male	EOREIGN 7h		VHAT COUNTRY?	0			9 BALTIMORE			OF DEATH		-
T	RTHPLACE STUTE OR COUNTRY MARY	MD					MARRIED -	1000	gany (
10.0	UNACUNINO ITY OR TOWN OF DEA	ATH 11	USA NAME OF H	OSPITAL, NURSING	WIDOWE		NORCED [12a USUAL OCC		.0.	12k KIND C	F BUSINESS OR	-
		111	(IF NOT IN SUCE	FACILITY, GIVE STREET A	DDRESS)			(TYPE OF WORK FOR		KING LIFE)	INDUSTRY	1 803114E33 OK	
	Frostburg		Frost			Hospi	tal	LABORE	R		KELL	Y TIRE	
13a. S	AL RESIDENCE (IF NURS	136 COUNTY	HER INSTITUTION,	13 CLY OR WW	ADMISSION)	13d. INSIDE	CITY LIMITS?	13e STREET ADD	RESS	0	130	500	
	MD		Alleg	Frostbu	rg	YES X	NO 🗌	Rt 3, P	arkers	bur	g Rd	Box 461	
14. FA	ATHER'S NAME	44.07	DDLE	LAST		15. MOTHE	S MAIDEN NA		DDLE		LAS		
	WTT.T.TA		DULE	SHOOK		T.T	T.T.TE	MA			GRO		
16a V	WAS DECEASED EVER		D FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORM	and the latest and th		ADDRESS		ditt	VINC	-
	YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	218-12-	5763	L.	Carol L	ohr Mt.	Savag	je, l			
	18 CAUSE OF DEAT					-) -				BETWEEN	MATE INTERVAL ONSET AND DEATH	
	PART I. DEATH W	AS CAUSED		C	adi	ac u	siel						
	4149	MANUEDINIE		AS A CONSEQUE	NCE OF	1.	1	.10 1.		9			
	Conditions, if any	which	(AS A CONSEQUE	NCE OF	Cora	ely un	Hey du	lease				
	gave rise to imr	mediate) (6)—					()				-	-
	cause (a), statir underlying cause		DUE TO, OF	AS A CONSEQUE	NCE OF		1	0					
			(c)										=
z	PART 2. OTHER SIGN	NIFICANI CO	NDITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NO! KELAII	D TO THE TERM	AIN AL DISEASE OF	CONDITIO	N GIVE	N IN PART III	0.	
CERTIFICATION		TION	Titl CONDI	TION FOR WHICH	ORERATIO	ALIMAC DEDE	ODMED	20a AUTOPSY	2 1206	IE VEC	WERE FINDI	ICC LISED	-
Š	190 DATE OF OPERA	HON	196. CONDI	ION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPST			ING CAUSES	OF DEATH?	
Ē										YES		NO 🗌	_
	21a. ACCIDENT WAS UNI		HOUR A	FINJURY M. MONTH DA	Y YEAR	21c. HOW	NJURY OCCUR	RED (ENTER NATURE	OF INJURY IN IT	EM 18 PAR	RT I OR PART 2)		
3	(IF EITHER, NOTIFY MEDI		P./		19								
WEDICAL	21d. INJURY OCCUR	RED	21e. PLACE C			21f. LOCAT	ION	Ci	Y OR TOWN		COUNTY	STATE	
2	WHILE NOT WE	HILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM ETC)	3186	61		0			9	
	22a.1 certify that (1)		attended the	deceased from		1	19	to		19	9	that (I) (we) last	-
10	saw the decrea	ed allys on		19		nd that in (m	y) (aur) apinion	death occurred or	the date or	nd haur t	and from the	causes stated	
	22b. SIGNATURE	didi (ald not)	view the bady	fter death.		DEGREE					22c DATE	SIGNED	-
	I SIGNATORE	10	Vall			DEONEE	ATTENDING	MEDICAL	STAFF	_		3.0.125	
		M	271	MULA Z		Tee Loop	PHYSICIAN (DIRECTOR	PHYSICIAN				_
	22d. PHYSICIAN'S N.	AME (TYPE OR P	Reviti /			22e. ADDR	:55						
	RICHAF	RD G.	SCHMI	TT. M.D		900	SETON	DRIVE	CUMB	ERI.	AND	MD 21	50
23a. 8	BURIAL, CREMATION,	REMOVAL	73k DATE	23c. N	AME OF C	EMETERY OF	CREMATORY	23d LOCATIO	N		COUNTY	STATE	,
B	URIATA		12/22/	(83 PR	STRI	ITRG M	EM PK		BURG	ΔΤ	TECAT	MD	
24. FI	UNERAL DIRECTOR	Wille	YIN	NIVOIA		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TE REC'D. BY REGI					-

Frost, MD

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletel should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

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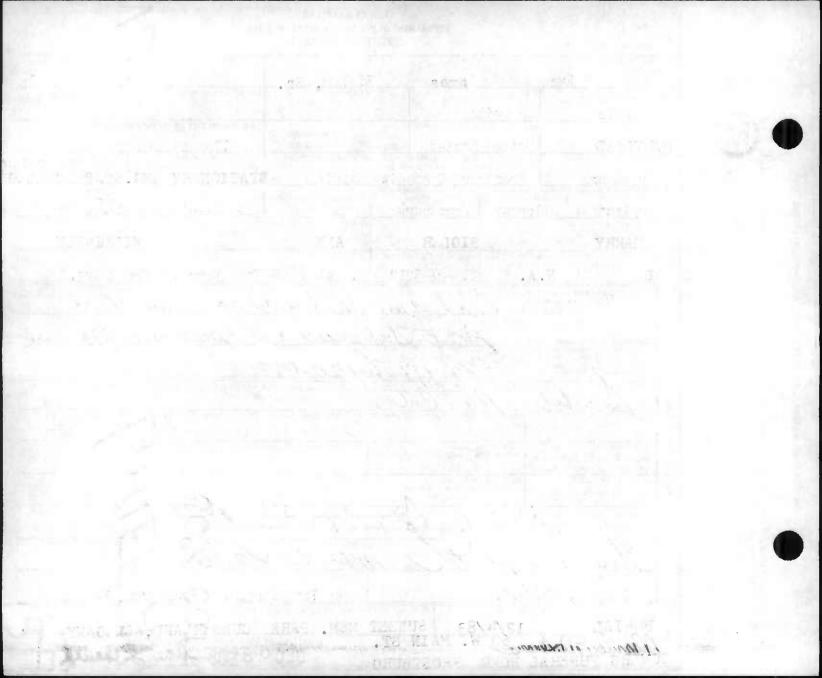
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Name of the Colonia

TOTALD J. ALPECE, M.D. 900 MICH SERVE SHOP HALL, M.D. 9150

THE CAPPEAR PROPERTIES NEW TROOTS AND ALL OWN

	1-	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYGIE	ENE REG. NO	J	1 4	: 9	0
		CEASED NAME FIRST	WIDDLE	L)	AST		20. DATE OF DEATH N	HINO	DAY YEAR	26 HOUR	
page 3 er deoth	1	Eva			Sigler	Sr		12	01 8		Рм
Per Per	3. SE)		4 RACE	S. DATE O		YEAR	AGE (IN YEARS LAST BIRTH	(DAY)	MONTHS DAT		MIN.
15	T- 01	Male RTHPLACE (STATE OR FOREIGN	White 75. CITIZEN OF WHAT COU	9	17	07	76 9. BALTIMORE CITY OR	YRS.	OFDEATH		
135		OUNTRY)	United State	MARRIED	NEVERMA	RRIED	Allegany				MD.
51		Frostburg	11. NAME OF HOSPITAL, P	NURSING HOME O	R OTHER INSTITU	UTION	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF TATIONARY	N WORKING LIF	12b. KIND FE) INDUSTE	FROST TE COL	BU
and the	13a S	AL RESIDENCE (IF NURSING HOM TATE 13b. CO	OUNTY 136, CITY O	CE BEFORE ADMISSION)	13d. INSIDE CITY		13. STREET ADDRESS 131 Washin		Stree	2/5 <i>ら</i> t	2
10/10	14 FA	THER'S NAME FIRST HARRY	MIDDLE SIGL	AST ETD	15. MOTHER'S M					LAST	
medicol	0	AS DECEASED EVER IN U.S.	. ARMED FORCES? 16b. SOCIA	L SECURITY NO.	17. INFORMANT		ADDRES	S			
ol.	1	18 CAUSE OF DEATH (Ente	only one couse per Pe for (a),	7-5219	D. Nola	n 48	Tarn Terrac	e Fr		rg, MD	ATH
e corbonpo on, or remov imofic event		2449	DUE TO: OR A CON	NEW WENCE OF	Shed	& G	e Ontai	ch'r.	Mulle 8	ne Wa	ef
ol, cremotic ir other trou		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A COM	SEQUENCE OF	yno	dest	27		107	11	_
to buri	NO	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTE	CA COZ	OL RELATED TO	O THE TERMIN	NAL DISEASE OR COND	ITION GIV	EN IN PART	1to	
shows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORM	MED	200 AUTOPSY? YES NO	IN CERTIF		DINGS USED SES OF DEATH? NO []	}
frem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	FDEATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJU	IRY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 F	PART I OR PART	1	
× 5	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		211. LOCATION STREET	00	CITY OR TOW	IN	COUNTY	STAT	I E
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Dept. of		obove (I) wey(did) (did)	d not) view the body offer death		DEGREE					TE SIGNED	
with the State		224 PHYSICIAN'S MAYE ()	Market 12		220. ADDRESS	YSICIAN D	DIRECTOR PHYSICI	AN 🗌			
should with th IMPOR	-	Part of the Part o	Oh, M.D.				rrace Fro	stbur	rg. MD	21532	
		URIAL CREMATION, REMOVE BURIAL	12/4/83	SUNSET	MEM.	PARK	CUMBERT.A	ND 4	COUNTY	ANV M	Ď.
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STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CERTIFICATE OF DEATH	REG. N	0.			
TNI	LAST	2a. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
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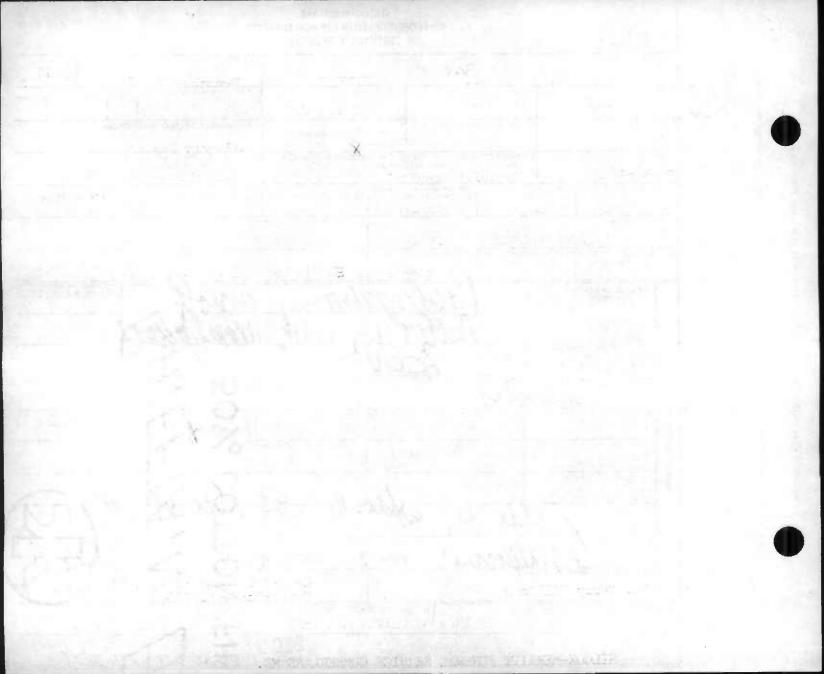
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(TYPE OR PRINT)	FRANKLIN		- 0/	9:50
ASA	I Page	SIMMONS	December 24.	1983 A M
3. SEX MALE	4 RACE WHITE	5. DATE OF BIRTH		MONTHS DATS HOURS MIN.
PIALLE	VVIIII	"JÜLY 1°1 1889	94 YRS.	
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	/? 8.	9 BALTIMORE CITY OR COUNT	Y OF DEATH
COUNTRY	TICA	MARRIED NEVER MARRIED		
MD.	USA	WIDOWED DIVORCED DIVORCED	A11egany	126. KIND OF BUSINESS OR
THE CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE		(TYPE OF WORK FOR MOST OF WORKING RETIRED B&O RA	INDUSTRY
Cumberland	Memorial Hosp	ital	RETIRED B&O RA	ALLROAD
USUAL RESIDENCE (IF NURSING HOME O			In cross appears	-1120
	EGANY 136. CITY OR TO		621 FREDERICK	STREET
14. FATHER'S NAME	GANT COLDIE	15 MOTHER'S MAIDEN N		<i></i>
FIRST	MIDDLE LAST	FIRST	MIDDLE	DOLUGI I LAST
WILLIAM I	FRANKLIN SIMMON	NS ANGLINE		DOWELL "
160. WAS DECEASED EVER IN U.S. AL		CURITY NO. 17. INFORMANT	ADDRESS	21502
(YES, NO OR UNKNOWN) (IF YES, GI	705-05-	5240 JAMES SIMMON	S 621 FREDERICK S	ST. CUMBERLAND
	194000	740	(1)	maryland
PART I. DEATH WAS CAUSE	nly one couse per the forto the	I monitor	MILLE	BETWEENERS THE RESERVE
	TE CAUSE (a)	AN ITHINITION	CON NO.	- 1100
4140	41	Lan aus	11	
	DUE TO, OR THE STATE OF	THE CHIP	TOWN Y MILLS	11
Conditions, if any, which gave rise to immediate	(b) PMMU	(774) (1/1/2)	THE MAN THE	4
cause (a), stating the	DUE TO OR AS A CONST	- Lebrum		
underlying couse lost.	H	2000		
PART 2. OTHER SIGNIFICANT	AND INS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TER	MIN AL DISEASE OF CONDITION G	IVEN IN PART 3 (a)
	GARA	DEATH BOT NOT RELATED TO THE TER	MINAL DISEASE ON CONDITION O	THE STATE OF THE S
98 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING	1000		In HITODONA IN IN IN	ES WERE SIND HOS WEED
90 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED FYING CAUSES OF DEATH?
2			YES NO	res 🗆 NO 🗇
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM IS	PART I OR PART 2)
OR CONTRIBUTION CONTRACTOR OF DE				
(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	21e PLACE OF INJURY	E FARM, ET 211 LOCATION STREET	GITY OR TOWN	COUNTY STATE
NOT WHILE AT WORK	1 0	16 11 6	1 1/4 91	057
220.1 certify that (1) (this hasp	sital attained the amound from	- 10 D	J to 1/1/4 01	190 that (I) (we) last
saw the deceased alive a		and that in (my) (our) agining	n death occurred an the date and he	
above, (I) (we) (dd) did fi				
22b. SIGNATURE	11/2	DEGREE	and the same of th	22c. DATE SIGNED
W N	MINAMA	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12.71
22d. PHYSICIAN'S MARIE THE	DR PRINT)	1224 ADDDESS		101 810
Dr. Torry 1741	liono	Memor	rial Hospital Med	. Bldg.
Dr. Terry Wil	liams	Cumbe	erland, MD 21502	
23a. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
(SPECIFY) BURIAL	DEC 27 1983 M	I OLIVET CEMETERY	MOOREFIELD HAR	DY W. VA.

24. FUNERAL DIRECTOR DHMH - 16 50M 4/82

(VRA 15, 4)

TO FUMERAL DIRECTOR.

SILCOX-MERRITT FUNERAL SERVICE CUMBERIAND MD.



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Fractioned by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral along should be detached for use as the burial-transit permit. Then please remove carbonapopers. Pages I and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examined must be not field at once.

STATE OF MARYLAND

1	FOR - STATE REGISTRAR			D	EPARTMENT OF CERTI	HEALTH AND FICATE OF I			÷ 10	i	**	7 6	5
	ECEASED NAME PE OR PRINT)	MARY		MIDDLE	S	I RBAUGH		2a. DATE OF DE A	TH MONTH	22	YEAR	2b нос 0920	JR HRAS
	FEMALE		RACE WH	ITE	S. DATE		YEAR 93	6 AGE (IN YEARS LA	AST BIRTHDAY)	IF UN	DER 1 YEAR		
· ·	BIRTHPLACE (STATE OF			JSA	MARRIE	ED NEVER	AARRIED .	9 BALTIMORE C ALLE		NTY OF E	HTASC		446
(CUMBERLAND	1	MEMORI	AL HO	NURSING HOME (VE STREET ADDRESS) SPITAL M	EM AVE	CUMB ME	126 USUAL OCCU	AOST OF WORKIN	G LIFE) IN	DUSTRY	of Busine	
130	ATHERS NAME	ALLE	Y	13c CITY C	CE BEFORE ADMISSIONS OR TOWN BERLAND	13d. INSIDE C YES X	NO 🗌	13e STREET ADDR	ESS	venue	21	50.	2
	FIRST	s A. Fa			NST .	1		Swanger			ŁAS	Ti.	
(YES, NO OR UNKNOWN)	(IF YES, GIVE V	AR OR DATES)	213 2	24 6311	17 INFORMA MEI		HOBP I TAL	MEMOR	IAL A	AVENU	JE ÇŲ	MB2W
	PART 2 OTHER SIG	IMMEDIATE y, which neediote ing the se last	DUE TO, O DUE TO, O (c)	R AS A CON	KDIO SEQUENCE OF SEQUENCE OF GANG	KESPS I CEI RENE	RATOR MTA- OF	Left U	eg CONDITION	GIVEN IN	BETWEEN	MATE INTER	PEATH
CERTIFICATION	19a DATE OF OPER	Ca	ckxie	- 4	old age	, Org	raic	200 AUTOPSY?	200. IF IN CER	YES, WER	RE FINDIN	NGS USED OF DEAT NO	H?
MEDICAL CER	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	Ρ.	M. MONT	H DAY YEAR	21c. HOW IN		RED (ENTER MATURE OF	FINJURY IN ITEM	18, PART 1 O	R PART 2)		
MED	WHILE NOT AT WORK	WHILE	21e PLACE (AT HOME, STI		OFFICE, FARM, ETC.)	STREET		CITY C	OR TOWN	co	YTHUC	ST	ATE
	220. I certify that (saw the dece above, (1) (we) 22b. SIGNATURE	sed alive on_				DEGREE	(our) opinion of	, to	STAFF				
	Dr. N. I	Ranjith	an		Tas	22e ADDRES Memor	Med:	ical Buil	ding Cumberl	and,	Md.	215	52
24 F	BURIAL, CREMATION (SPECIFY) Burial FUNERAL DIRECTOR		12-24	4DD	Davis	Memoria	l Cem.	Cum be	rland		Legan		
6	SCÄRPELLI	FUNERA	L HOME	CUM	BERLAND,	MD 215	03	108/1 5	6. 9	Can		,	

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BP DHMH-17 (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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P. .

	1-	FOR STATE REGISTRAR			PEPARTMENT OF					J	G. NO.	1	4 4	J.
		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST			ATE KNOV	VN M	ONTH D	DAY YEAR	26 HOUR
			RONALD	W.	JAYNE	S	ITES		DE	OF EST	D 🗆	12 2	21 19 83	8:35
	3. SEX	4. RA		DATE OF BIRTH	6. AGE (IN			FUNDER 24 H		DATE	MC	HTMC	DAY YEAR	2d HOUR
		316 1	hite	11 5	47 36	1110111	DATS	HOURS MIN		DEAD		2/2	1983	3:33
9	FO	RTHPLACE (STATE OF	R 7b	CITIZEN OF WH		8. MARR	IED A NEV	ER MARRIED	9. BA	ALTIMORE (-		OF DEATH	
		Trginia		U.S.A		WIDOW		DIVORCED			egar	-		MD.
1	CI	IMREDI AMD		(IF NOT IN SUCH FAC	PITAL, NURSING HOA DLITY, GIVE STREET ADDRESS HOSPITAL ERESIDENCE BEFORE ADMIS)	IER INSTITUT			Atter			OR INDUST	Î Î
1	13a. S	W.Va.	13h COUNTY Mine	ral	Keyser	SION)	T3d. INSIDE CIT YES 🔀			Armst	rong	g St	1	ser 99
1	III.FA	Rober	t "	IDDLE	Sites		V	auda	IAME	Mae		Cri		
2	16a. V (YI	VAS DECEASED EVE ES, NO, OR UNKNOWN) NO	(IF YES, GIVE WAR	OR DATES)	166. SOCIAL SECUR 232 74 4		Bren	da Si	tes		oress Lrmst			, W. va
		577C Conditions, if gove rise to couse (o) statinglying couse los	MAS CAUSED BY IMMEDIATE C ony, which immediate ng the under- it.	CAUSE (o) DUE TO, OR A (b) DUE TO, OR A		A-L OF	SUI	PANCI 2621	-7	2171			BETWEEN ONSI	ET AND DEATH
1	FICATION	19a. DATE OF OPER	RATION	196 CONDITI	ON FOR WHICH OPE	RATION W	'AS PERFORA	AED?				2	20 AUTOPSY	4-4
2	MEDICAL CERTIFICATION	210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR CAUSE OF DEA		INJURY MONTH DAY YEA	AR 21c HO	OW INJURY (OCCURRED (E	NTER NATURE	OF INJURY IN I	TEM 18 PART 1	OR PART 2)	YES 🗔	NO X
	MED	21d. INJURY OCCU WHILE NO AT WORK AT	T WHILE WORK	21e PLACE O STREET, FACTO	F INJURY (AT HOME, DRY, FARM, ETC.)		CATION		CITY	OR TOWN		COUNTY		STATE
1	1		t I took chorge of	wes	ribed above, held on Accident . S ASTRANCE	Autop ivicide	Homicion (SP)	ECIFY)	MEDICAL I	ed monner EXAMINER	, 	My opinio	12/2	1/83 4ND
	23a.Bl	JRIAL, CREMATION, PECHY) Buri			23c. NAME OF CI Potoma				Key		Mine	ral	W. V	a.
	24 FL	INERAL DIRECTOR NAME ALLE	N ROTRI	UCK ADDRESS*	85 S.MAI	N ST	W.VA	JEC 2	8 1983	STRAR 25h	REGISTR	R's Cal	ANDRE	3

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rivers and the demanded EL up into Laisu .uv. i Tangay & 265 - 150 - to made

1 - STATE REGISTRAR			ICATE OF DEATH	REG. NO	D.	
1. DECEASED NAME (TYPE OR PRINT) CA	RL SU		AST MITH	December	4, 198	83 8:30 a
3. SEX Male	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER MONTHS YRS.	TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
78. BIRTHPLACE STATE OR FORE	USA	MARRIE		Allegany		M
10. CITY OR TOWN OF DEATH Cumberland	(IF NOT IN SUCH F	SPITAL, NURSING HOME O ACILITY, GIVE STREET ADDRESS) Orial Hospit		120 USUAL OCCUPATION OF FOR MOST O OFFI	F WORKING LIFE) INDL	IND OF BUSINESS OR USTRY 1600
Maryland A	COUNTY IS	ve residence before admission) lc. CITY OR TOWN cumberland	134 INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 1427 Ch	urch St.	21502
14 FATHER'S NAME FIRST Edgel		Smith	15. MOTHER'S MAIDEN NA	Sude		rwigg
160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (1	U.S. ARMED FORCES? FYES GIVE WAR OR DATES) WW II	b. SOCIAL SECURITY NO.	Anna S. I	rwigg - sa	me as al	APPROXIMATE INTERVAL
Conditions, if any, we gove rise to immed couse (o), stating underlying couse PART 2. OTHER SIGNIFI	hich liate the lost. (b) DUE TO, OR A	AS A CONSEQUENCE OF AS A CONSEQUENCE OF	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN P	ART Ito
190 DATE OF OPERATIO	N 196. CONDITI	ON FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
21a, ACCIDENT WAS UNDERLOOF CONTRIBUTING CAU. (IF EITHER NOTIFY MEDICAL) 21d, INJURY OCCURRED	SE OF DEATH HOUR A.M. EXAMINER) P.M.	MONTH DAY YEAR	21c. HOW INJURY OCCUR			
NOT WHILE		T, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO		
sow the deceased	is hospital) attended the oblive on	19	nd that in (my) (our) opinion		ate and hour and fro	
276 SIGNATURE	ernik	m	The state of the s	DIRECTOR PHYSIC	FF IAN .	DATE SIGNED
Dr. H.	E (TYPE OR PRINT) Merrick		220 ADDRESS Memor	rial Hospita erland, Md.		Building
230. BURIAL, CREMATION, REA			EMETERY OR CREMATORY	23d. LOCATION	and. Al	leg. MD

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR
John J. Hafer, Jr. Lavale, MD

DEC 8 1983 FEGISTRAR'S SIGNATURE OF THE STATE OF THE STAT

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John J. Hefer, Jr. Lavels, MD .

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the ottending physicion

n signed by t Then please r

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MPORTANT: If them 21 is marked or them 18 shows

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene prior

or ottending physicio

CERTIFICATION

MEDICAL

STATE OF MARYLAND

OF HEALTH AND MENTAL	HYGIENE	No. of	C.
RTIFICATE OF DEATH			

	DEPARIM			REG. NO.		
FIRST EVELYN	ROSANNA	SNYDER		DECEMBER 15,	1983	6:20 _{PM}
4.		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	White	6/ 14/	/ 20	63 YRS		
r foreign 7t	USA	MARRIED NEVE		9. BALTIMORE CITY OR COUN Allegany		MD
ND	(IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired Waitr	LIFE) INDUSTRY	F BUSINESS OR	
	EVELYN 4. RFOREIGN 71	EVELYN ROSANNA 4. RACE White RFOREIGN 7b. CITIZEN OF WHAT COUNTRY? USA EATH 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	EVELYN ROSANNA SNYDER 4. RACE White 7b. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	CERTIFICATE OF DEATH FIRST MIDDLE LAST EVELYN ROSANNA SNYDER 4. RACE White 7b. CITIZEN OF WHAT COUNTRY? WIDOWED NEVER MARRIED WIDOWED DIVORCED EATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FIRST MIDDLE LAST 20. DATE OF DEATH MONTH EVELYN ROSANNA SNYDER DECEMBER 15, 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) White 6/ 14/ 20 63 YRS RFOREIGN 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEV	CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH MONTH DAY YEAR EVELYN ROSANNA SNYDER DECEMBER 15, 1983 4. RACE White 5. DATE OF BIRTH MONTH DAY FUNDER 1 YEAR 6/ 14/ 20 63 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED EATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

CUMBERLAND	(IF NOT IN SU	CHEACILITY, GIVE STREET ADDRESS) EMORIAL HOSPIT		(TYPE OF WORK FOR MOST OF WORKING LIF Retired Waitre	TOF WORKING LIFE) INDUSTRY Waitress Taverns		
USUAL RESIDENCE (IF NURSIN 136, STATE Maryland	NG HOME OR OTHER INSTITUTION 136 COUNTY Allegany	I. GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Cumberland	13d. INSIDE CITY LIMITS? YES NO [130. STREET ADDRESS 515 Franks La	ne 21502		
14. FATHER'S NAME	njamin Galli	her	15 MOTHER'S MAIDEN NA Annie F		LAST		
(YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 219-14-5852	Mrs. Melver	ADDRESS na Bible, Cumberl	and, Daughter		
PART I. DEATH WA	AS CAUSED BY: MAMEDIATE CAUSE (a) DUE TO, C which ediate the DUE TO, C	OR AS A CONSEQUENCE OF		Fulure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21f. LOCATION 21d, INJURY OCCURRED CITY OR TOWN STREET

COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (W(this hospital) attended the sow the deceased alive or (our) opinion death occurred on the date and hour and from the causes stated

DEGREE 224. DATE/SIGNED 226. SIGNATURE MEDICAL STAFF
DIRECTOR PHYSICIAN [6

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. Sahn Nathan

22e. ADDRESS Memorial Hospital Medical Building Cumberland, MD 21502

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Davis Memorial Cem.

Cumberland, Allegany

23b. DATE

Burial 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

DHMH - 16 50M 4/82 (VRA 15, 4)

RAI DIRECTOR NAME James F. Scarpelli, Cumperland, Md.

12-18-1983

STATE

MATERIAL DISEASE PROPERTIES PARTIES PA

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Lance . Lorype-11, Combarings, No. 16C 21 22 St. S. Calles

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STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTA	L HYGIENE
CEI	RTIFICATE	OF DEATH	

1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYG DEATH	IENE	REG. NO.		1 -3	9 6,
	CEASED NAME	FIRST	1	MIDDLE	U	AST		2a. DATE O	F DEATH MO	ONTH D	AY YEAR	2b. HOUR
(178)	OR PRINT)	ATTII	IO	-	SOT	JILLAR	I	DECE	MBER 18	3. 19	83	1423 P
3. SE	Х		4 RACE		S. DATE O			6. AGE (IN)	EARS LAST BIRTHO		IF UNDER I YEAR	
	MALE		White		3	5	15	68		YRS.	ONTHS DAYS	HOURS MINL
11117	IRTHPLACE (STATE OR COUNTRY)	FOREIGN	U.S.A	WHAT COUNTRY?	MARRIEI WIDOWE		MARRIED -	111111111111111111111111111111111111111	gany	COUNTY	OF DEATH	MD.
(ITY OR TOWN OF DE		(IF NOT IN SUC MEMC	HOSPITAL, NURSIN H FACILITY, GIVE STREET DRIAL HOS	ADDRESS) PITAL	R OTHER IN:	NOITUTITE	12a USUAL	OCCUPATION		INDUSTRY	of Business or awrant
13a :	al residence (15 NUR STATE aryland	136 COUN Alle	TY	131. CITY OR TOW Cumberla	N I	YES	CITY LIMITS?		address allace	St.	(zip	code: 2150:
E	ather's NAME FIRST Ugenio			Squillari		Mari		WE	WIDDIE		errar	Č
	WAS DECEASED EVER YES, NO OR UNKNOWN) O		MED FORCES? WAR OR DATES)	212-38-		Elsa	ant Squilla	ri	same of		3	
	PART I. DEATH V	M (Enter only VAS CAUSEL IMMEDIAT	E CAUSE (0)	line far (a), (b), and	0 10	espira	toy for	ilye			BETWEEN	IXIMATE INTERVAL NONSET AND DEATH
	Conditions, if any gave rise to im cause (a), stati underlying coust	mediate ng the	(b)_	RAS A CONSEQUE	tatie	Ca of	Ciron or	ates .			ni.	
NOIL	PART 2 OTHER SIG	MICANTO	- The	em beg tipe	ria	H/re	cysht.	cholony,	ts -			
CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FØR WHICH	OPERATIO	V WAS PERF	ORMED	YES [NO			NGS USED S OF DEATH?
	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	H	FINJURY M. MONTH DA M.	YEAR	21c HOW I	NJURY OCCURE	RED (ENTER NA	ATURE OF INJURY I	NITEM IS PA	ART I OR PART 2)	
MEDICAL	21d. INJURY OCCUR	HILE []	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY OFFICE F	ARM ETC)	21f LOCAT		_	CITY OR TOWN		COUNTY	STATE

22a. | certify that (1) (this haspital) attended the deceased from saw the deceased alive on 12 - 18 - abave, (I) (we) (did) (did nat) view the body: 22b. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

271. DATE SIGNED 21502

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

Medical Building Memorial Hospital Cumb . Md

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

Dr. N. Ranjitha n 230, BURIAL, CREMATION, REMOVAL Burial 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION
CUTY OF TOWN 23b. DATE Dec. 21,198\$ SS. PetersPaul Cem.

Wendy N. Upchwich 202 Greene Cumb., Md. 21502

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within with the State Dept of Health and Mental Hygiene prior to burial, cremotian, or removal.

attending physician

OR ATTENDING

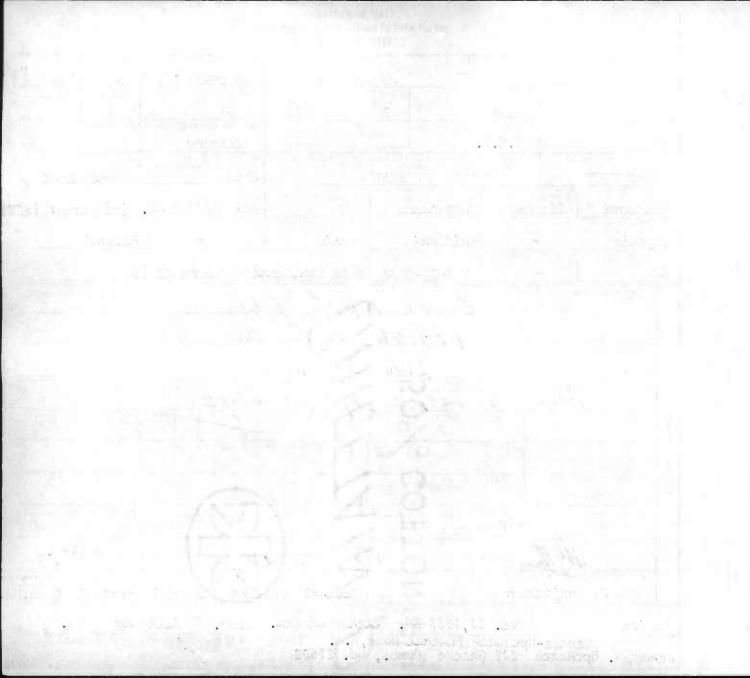
TO HOSPITAL OR ATTEN

or other traumatic event, the medical (xaqir

in Juny.

IMPORTANT: If them 21 is marked or them 18 shows any

Allegany



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

STATE OF MARYLAND

DEP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CE	RTI	FICATE	OF	DEATH	

- STATE REGISTRAR			DEFARIA		ICATE OF DEATH	REG. N	10.		
DECEASED NAME	FIRST	A	AIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	9:00
	MARY	E		SI	TEINMETZ	December	21. 1983		A M
SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE		DER I YEAR	IF UNDER 24 HR5 HOURS MIN.
Female		White	9	Febr	uary 4, 1897	86	YRS.	DATS	MIN.
a. BIRTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH	100
Maryland		USA	A	WIDOWE		Al	legany		MD.
O CITY OR TOWN OF D	EATH			IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION 121	. KIND O	F BUSINESS OR
Cumberland	1	Memoria		a1 & N	ded. Cntr. Inc	(TYPE OF WORK FOR MOST Housewi	fe IN	Home	
JOUAL RESIDENCE (IF NO. 30. STATE	ISING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS		213	500
MD	7.0	egany	Cumber		YES XX NO		Springdal	e St	reet
4 FATHER'S NAME					15. MOTHER'S MAIDEN NA	ME			
James	Porter	MIDDLE	LAST		Margar	et Engle		LAS	Л
6a WAS DECEASED EVE			166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
(YESTO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	215-74-6	5182	Francis Ste	einmetz Cu	mberland,	MD	
Conditions, if or gove rise to in couse (o), sto underlying countrying country 19a. DATE OF OPER 21a. ACCIDENT WAS U	ny, which mmediote ting the isse lost.	DUE TO, OI (c) CONDITIONS CO	releva	ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GIVEN IN 206 IF YES, WEF	RE FINDIN	NGS USED
H L						YES NO	YES 🗌		NO 🗌
OR CONTRIBUTING L (IF EITHER NOTIFY MI 21d. IN JURY OCCU WHILE NOT ATWORK ATWORK 22a.1 certify that sow the dece	CAUSE OF DE	21e. PLACE (AT HOME, STR	M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, F e deceosed from	19 ARM, ETC)	21f. LOCATION STREET 19 11 LOCATION STREET 19 11 LOCATION STREET	CITY ORT:	OWN Co	OUNIY	
22d PHYSICIAN'S Dr. T. E	NAME (TYPE	nos		щ	ATTENDING PHYSICIAN [172 ADDRESS Med. Bldg., N Cumberland.	Memorial Ho	AFF ICIAN [12. DATE	121/37
30 BURIAL, CREMATION (SPECIFY)		12-24	0 -		Memorial Cem	23d LOCATION Cumberla	nd Alleg	gany	MD STATE

BP DHMH - 16 50M 4/82

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filled within 72 in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical exagine must be partited of angel.

Burial
24 FUNERAL DIRECTOR
SCAR PELLI FUNERAL HOME CUMBERLAND, MD (VRA 15, 4)

umberland Cem 25a. DATE REC'D.

STATES FOR SANCE HOME CHARACTER, NO

	CEASED NAME	RST PORT	MIDDLE		LAST	REG. NO.	DAY YEAR 2b	HOUR
(TYPE	E OR PRINT)							
-		LILY ELIZA	BETH	v -	TEWART	DECEMBER 04 6. AGE (IN YEARS LAST BIRTHDAY)	The second second second	:48./
3. SE	X	4. RACE		5 DATE (H DAY YEAR			UR5 MI
_	Pemale	White		Apri.	1 25 1893	90 YRS		
	IRTHPLACE (STATE OR FOREK	3N 76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
Ma	aryland	U.S.A.		WIDOWI		ALLEGANY (COUNTY	-
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BU	IS INESS (
Cu	umberland	The second second	CRED HEAR		PITAL	Housework	Domes	tic
13a S		county llegany	13c. CITY OR TOWN Cumberla	N _	130. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO Seton Dr.	DE 21502	
14. FA	ATHER'S NAME		OF THE STATE OF TH		15. MOTHER'S MAIDEN NA			
-	FIRST	MIDDLE	wach		Clara	MIDDLE Rei	iber	
	Trank WAS DECEASED EVER IN L	J.S. ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	15. S.	
- 1	(YES, NO OR UNKNOWN)	YES, GIVE WAR OR DATES)	212-74-52	248	Earl Stewa	ert Lonaconing	g. Md.	
		ote	DR AS A CONSEQUE	NCE OF	7 - 0 - 0 - 0 -	7 4 6		
100	underlying cause le	(c)_						
IFICATION	, ,	a built	ONTRIBUTING TO D	(ment	IN CER	YES, WERE FINDINGS TIFYING CAUSES OF	DEATH?
AL CERTIFICATION	PART 2 OTHER SIGNIFICATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	I 196 CONI	OF INJURY A.M. MONTH DA	OPERATION OPERAT	N WAS PERFO IN D	20a AUTOPSY? 20b. IF VIN CER	YES, WERE FINDINGS TIFYING CAUSES OF YES	
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFIC	N 19b CONI VING 21b TIME HOUR A XAMINER 21e PLACI	DITION FOR WHICH	OPERATION AY YEAR	N WAS PERFO IN D	20a AUTOPSY? 20b IF Y	YES, WERE FINDINGS TIFYING CAUSES OF YES	DEATH?
	PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22g. I certify that (I) (this saw the deceased a	N 19b CONI ING 21b TIME HOUR A XAMINER 21e PLACE (AT HOME, S s hospital) ottended live on	OF INJURY A.M. MONTH DA P.M. E OF INJURY 19REET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM, ETC.)	21c HOW INJURY OCCUR	200. AUTOPSY? 200. IF IN CER YES NO RED { ENTER NATURE OF INJURY IN ITEM I	YES, WERE FINDINGS TIFYING CAUSES OF YES	STATE
	PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED WHITE AT WORK 22g. I certify that (I) (the saw the deceased o above, (I) (we) (did) 22b. SIGNIATURE	IND 19b CONI	OF INJURY A.M. MONTH DA P.M. E OF INJURY 19REET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM, ETC.)	216 HOW INJURY OCCUR 216 HOW INJURY OCCUR 216 LOCATION STREET 19 Ind that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [200. AUTOPSY? 200. IF IN CER YES NO RED (ENTER NATURE OF INJURY IN ITEM I	YES, WERE FINDINGS TIFYING CAUSES OF YES	STATE (I) ((ve)) ses stated
	PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 21d. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. 1 certify that (1) (thit sow the deceosed o	19b CONI 19b CO	OF INJURY A.M. MONTH DA P.M. E OF INJURY 19REET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM, ETC.)	21c HOW INJURY OCCUR 21f LOCATION STREET 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	200. AUTOPSY? 20b. IF IN CER YES NO TOWN CITY OR TOWN To death occurred on the date and h	VES, WERE FINDINGS TIFYING CAUSES OF YES	STAT

DHMH - 16 50M 4/83

etoined by the haspital

campletely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cai should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

(SPECEY) Burial BP. 24. FUNERAL DIRECTOR / Boals Funeral Westernport, Md. Service (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

236 DATE

Mt. View Cemetery

23c NAME OF CEMETERY OR CREMATORY

DRIVE, 23d LOCATION CITY OR TOWN MOSCOW

THE REPORT OF THE PROPERTY OF

	Check statement mine		1907 - 1805 -
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o the x	JATTYRON TO	MAT 013345	chgolwes of
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	not find 8/15	- 122	
Land Death Land	Najvis I	in the last	V i
on privil revenuences, Mr. 215	122 700	A-17 3.2.3 (AV)	VER AT
• 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	gratur burning.		
		v ce	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hai

etoined by the hospital or attending physician

5	1-
-	1 DECE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions ahould be detached for use as the burial-transit permit. Then please remove corbonopoers. Pages 1 and 2 shauld be filled within 72 hau with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remavol.

IMPORIANT: If Hem 21 is marked or Hem 18 shaws any injury, or other traumatic event, the medical examiner must be notified at order.

JIAIL OF MAKILAND										
EPARTN	LENT	OF	HEA	LTH	AND	MENTAL	HYGIENE			
	CEL	DTI	CIC	ATE	OF	DEATH				

3

1 - :	FOR STATE REGISTRAR		DEPART		EALTH AND M		IENE	REG. NO.)	· D	0 5
1 DECE	ASED NAME FIRST	,	MIDDLE	(AST		2a. DATE OF D	EATH MONTH	DAY	YEAR	2b HOUR
(TIPE OR	LILY		PEARL	S	TEWART			DE(15	1983	2157HR
3 SEX		4 RACE		5. DATE C			6 AGE (IN YEAR	S LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
	FEMALE	WHITE		MONTH 11	DAY D6	96	87	YR	MONTH	DAYS	HOURS MIN.
		76 CITIZEN OF	WHAT COUNTRY?	8				CITY OR COU		EATH	
	ennsylvania	USA		WIDOW	D WEVERM	ORCED		Allegany	7		MD
10 CITY	OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME		TUTION	120 USUAL OC	CUPATION	12		F BUSINESS OR
(umberland	ALLEG	CO NURSI		ME CUMB	MD		or most of workin ewife	G EIFE) IN	In O	wn Home
Mc Mc	Alle	TY		E ADMISSION)	13d INSIDE CIT	NO 🗌		DRESS	Blvd	30	2
14 FATE	HER'S NAME FIRST Daniel	Brewer	LAST		15 MOTHER'S	RST		MIDDLE		IAS	ī
	S DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMAN	IT		ADDRESS			
	10	WAR OR DAIES	164-50-8	8617	MEMORI	AL HOS	P MEMO	RIAL AVE	E CUM	BERL	AND, MD
rion	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, O	Careino	ENCE OF			LON INAL DISEASE (IGS USED
IFIC								IN CE	RTIFYING	CAUSES	OF DEATH?
MEDICAL	1a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEA LIF EITHER, NOTIFY MEDICAL EXAMINER) 1d. INJURY OCCURRED WHILE NOT WHILE T WORK	P. 21e PLACE	m. month d. m.	AY YEAR 19	216 LOCATION STREET		RED (ENTER NATU	RE OF INJURY IN ITEM	18, PART 1 C	DUNTY	STATE
2	20. Level that do (1) (this hosping saw the deceosed alive an above, (1) (ye) (did) (did no 2). SIGNATURE 20. PAYSICIAN'S NAME (TYPE OF A CONTROL O	view the body	-15 10 8		DEGREE	TENDING	MEDICAL	on the date and			
23a BUI	RIAL, CREMATION, REMOVAL CIFY) Urial	23b DATE 12-19-			reland (23d LOCATI CITY OF T		coun Pa	TY	STATE

DEC 2 1

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR NAME James F. Scarpelli, Cumberland Md.21502

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			CEASED NAME	FIRST		MIDDLE	ι	ASI		26. DATE OF DEATH MON	NTH DAY YE	AR
	(Aa)	(14bf	OR PRINT)	NA	MA:	Υ	THR	USH		DECEMBER 19	, 1983	
	E MANIE	3. SE)	(4 RA	CE		S. DATE C			6 AGE (IN YEARS LAST BIRTHDA		YE
	8 8 2 A	1	Female		Wh:	ite	MONTH Ap	ril 5,	1911	72	YRS.	JA
	Pod Poor		RTHPLACE (STATE OR FOR	REIGN 76. CI	ITIZEN OF	WHAT COUNTRY?	8	D NEVERMA		9 BALTIMORE CITY OR C	OUNTY OF DEAT	Н
	nero na or		W. Va	•	USA	A	WIDOWE		RCED K	ALLEGANY CO	YTAUC	
10	s offer of	10_CI	CUMBERLAND	1 1	IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A ED HEART	ADDRESS)		NOITU	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO BEAUTICIAN		NE
ND 212	filled in pould b	USU/ 13a. S	AL RESIDENCE (IF NURSIN	Miner		GIVE RESIDENCE BEFORE 13c. CHTY OR TOWN Keyser	V	13d INSIDE CITY	LIMITS?	13e.STREET ADDRESS / ZI		e
MARYLA	ed within	14. FA	THER'S NAME FIRST Hubert	MIDDLE O.	lin	Thrus	h	IS. MOTHER'S A		Lucretia	Roge	
ALTIMORE,	n and r. Pages		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) NO	U.S. ARMED (IF YES, GIVE WAR None	OR DATES)	214 32 3		Mrs.		Rogers, 135	Keyser, S. Mine:	
DS, 201 W. PRESTON ST.	equires that the death certificate in signed by the attending physici. Then please remove carban paper to burial, cremotian, or removal. Injury, or other traumotic event, the	NO	Conditions, if ony, gove rise to imme cause (a), stating underlying cause	which diate the last.	(b) (b) DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO	Lmclo THE TERM	Je lung inal disease or conditi	on GIVEN IN PA	Rī
VITAL RECORDS	on. hos been tipermit. ene prior	CERTIFICATION	19a DATE OF OPERATE	NC	19b. COND	ITION FOR WHICH	OPE RATIO	N WAS PERFORM	MED		DO. IF YES, WERE F N CERTIFYING CA YES	
OF VITA	SICIAN: Transical certificate unial-transical them 18 sh		216. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH		FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJU	JRY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM IS PART I OR PAI	RT:
DIVISION OF	ortending	MEDICAL	21d, INJURY OCCURRE WHITE NOT WHILE AT WORK			OF INJURY REET, FACTORY, OFFICE, FA	- 4	ZII. LOCATION STREET		CITY OR TOWN	COUN	TY
	Spital or CTOR: A Ifor use of Health		220.1 certify that (1) (1 saw the deceased above, (1) (we) (die	olive on	2/19/4	() 19	1	he that in (my) (a	ur) opinion o	death occurred on the date of	and hour and Iron	rs 1
	ALOR, the had along the had better the ore Dept IT: If her		226. SIGNATURE	nil		ul			ENDING IYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. [2	1
	OSPIT ed by UNER Id be of		224 PHYSICIAN'S NAA	AE (THE OWNER)	n-			72e. ADDRESS			/	
	APO HO		MOTI KOUL,	MD -				925 BIS	HOP WA	LSH DRIVE, C	UMBERLAN	D

236. DATE

12/21/83

Home 11

S.Mineral St.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MARKWOOD FUNERAL HOME FOR 11 MINERAL STREET

REGISTRARKEYSER. WVA 26726

MOTI KOUL, MD -23a. BURIAL, CREMATION, REMOVAL

Burial

Funeral

S / ZIP CODE iedmont Street Rogers DRESS Keyser, W. Va. 135 S. Mineral St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES -NIURY IN ITEM 18 PART I OR PART 21 COUNTY STATE RIOWN __, that (I) (we) last date and hour and from the causes stated 22c. DATE SIGNED TAFF SICIAN [925 BISHOP WALSH DRIVE, CUMBERLAND, MD 21502 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Mineral QueensPoint Cemetery Keyser Keyser, W. Va 350. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

REG. NO.

MONTH

IF UNDER 1 YEAR

2b. HOUR

126 KIND OF BUSINESS OR

6:00 AM

IF UNDER 24 HRS

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINT)

STATE OF MARYLAND

DEPARTN	SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG NO.		U	i			
DDLE	TRUE	DECEMBER 5, 19						
	5. DATE OF BIRTH April 12, 1929	6 AGE (IN YEARS LAST BIRTHDAY) 54 YRS	IF UNDER 1 YEAR	IF UNDER	MIN.			
HAT COUNTRY?	MARRIED XXNEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH					

	Male	2	
0	BIRTHPLACE	(STATE OR FOREIGN	
		<i>iland</i>	

CLOID

White 76 CITIZEN OF W U.S.A.

WIDOWED DIVORCED []

Alleganu 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE!

Printer

12h KIND OF BUSINESS OR Cumb. Times

II. CITY OR TOWN OF DEATH CUMBERLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130. STATE Md. -2150

Cumberland Allegany

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MEMORIAL HOSPITAL

15 MOTHER'S MAIDEN NAME FIRST_

Bosie.

MIDDLE

130 STREET ADDRESS 544 Patterson Avenue

Metz

14 FATHER'S NAME Cloid

CERTIFICATION

MEDICAL

FIRST

(YES, NO OR UNKNOWN)

Roosevelt 16a WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)

> Korean 18 CAUSE OF DEATH (Enter only one cause per line far a), (b), and (c

4 RACE

65 SOCIAL SECURITY NO 220-16-6536

Truo

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

17 INFORMANT

ADDRESS True=Address same as #13 above.

IMMEDIATE CAUSE Conditions, if ony, which immediate couse to, stating the underlying couse last

190 DATE OF OPERATION

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT

21a ACCIDENT WAS UNDERLYING	2
OR CONTRIBUTING CAUSE OF DEATH	ı
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. INJURY OCCURRED	2

In TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NOT 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

le PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK

228 I certify that (I) (this haspital) attended the deceased from

21f LOCATION

COUNTY STATE

20b. IF YES, WERE FINDINGS USED

abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE

DR. KHEDER ASHKER

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL STAFF ☐ DIRECTOR ☐ PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

sow the deceased olive on

22e ADDRESS

MEMORIAL HOSPITAL CUMBERLAND. MD.

23d. LOCATION

200 AUTOPSY?

DHMH - 16 50M 1/76 (VR A 15 (4))

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MPORTANT:

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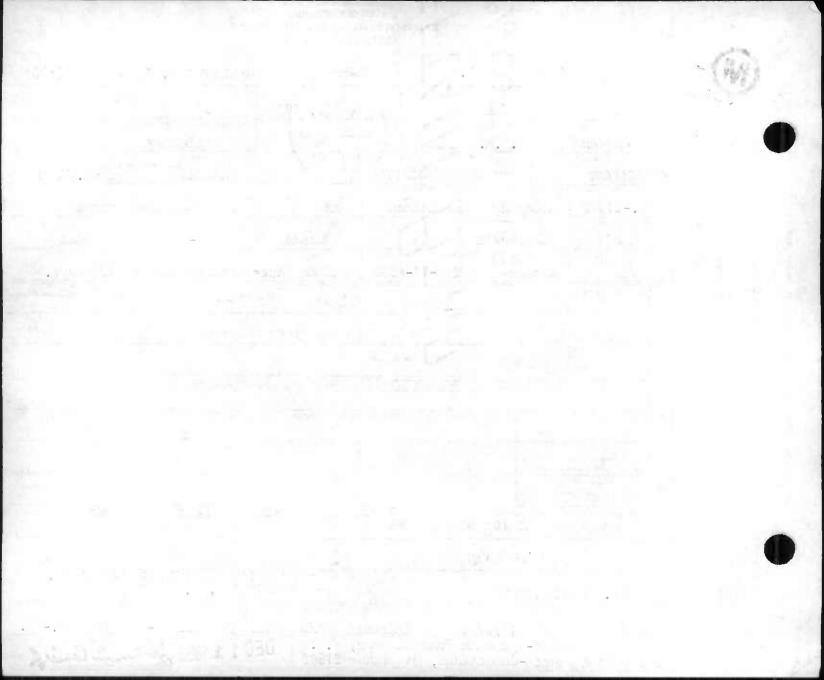
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230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

Hillcrest Burial Parl 24 FUNERAL DIRECTOR George-Upchurch Fusikeral Home, P.A.

Cumberland-Allegany Co.-Md.

Greene Street-Cumberland, Maryland



BOAL FUNERAL HOME 1-STATE 111 CHURCH STREET

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO

REGISTRAR WESTER	NPORT MD 215	62	ICAIL OI DEATH	REG. NO	D		
DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
ROBER	W.	TU	JRNBULL	DECEMBER	23. 198	33	5:10 A
SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN
Male	White	June	23" 1895	88	YRS	DATS	HOURS MIN
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D T NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	DEATH	
Maryland	U.S.A.	WIDOW		ALLEGANY	COUNTY		JM.
CITY OR TOWN OF DEATH		AL, NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATIO		12b. KIND C	OF BUSINESS OR
Cumberland	SACRED	HEART HOSE	PITAL	Labor		Celan	
SUAL RESIDENCE (IF NURSING HOM 30. STATE 136 CO Maryland Al	DUNTY 13c. CI	SIDENCE BEFORE ADMISSION) ITY OR TOWN NACONINE	13d. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS /	zip code n St.	215	39
FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE		ĘA	ST
William	Turnbul		Jane 17 INFORMANT	Da ADDRE	mley	-	
(YES, NO OR UNKNOWN) (IF YES	COST WAR OR DATES	DCIAL SECURITY NO.		Kolish Bea		110	PA
	211	4-01-0190	rits. Janet	VOLUENT Dea	ACT EC		
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse per line for	r (a), (b), and (c).)				BETWEEN	ONSET AND DEATH
	DIATE CAUSE (D) HUC	ACCEPCIASM	a of Colon -	- MC +GJ/471	(020	year.
	NT CONDITIONS CONTRIB		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196. CONDITION F	FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES	NGS USED S OF DEATH? NO
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 2114 IN JURY OCCURRED	DEATH HOUR A.M. M	NONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
WHILE NOT WHILE AT WORK		TORY, OFFICE FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
22a I certify that (I) (this h saw the deceased alone about (III) we take (the 27h SIGNATURE	0 3	19 83 0	nd that in (my) our) opinion DEGREE	death occurred on the de	23, 19 ate and hour a	nd from the	tho (I) we) los e couses stated E SIGNED
11/16	-20	ale .	ATTENDING	MEDICAL STAF	IAN 🗌	12	-23-83
224 PHYSICIAN'S NAME (22e. ADDRESS			MD	1570
THOMAS DEVLI		Too was a	55 JACKSON S		CONTING	MU 2	1539
30. BURIAL, CREMATION, REMO	12 L26/83		CEMETERY OR CREMATORY Per Mem. Park	Frostburg	r Allen	SYNT	Md. STATE
10177121	1/40/0/01	- IF COSLOU	PE PERLA FAIK	L'TOP POUT	DALLER	with y	4 444 4

DHMH - 16 50M 4/83

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be 1 med with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

IMPORTANT: If Hem 21 is morked or Hem 18 shows

24 FUNERAL DIRECTOR
Boals Fune (VRA 15, 4)

Westernport, Md. Service

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

OAL PROPAU HOSE 11 CHYCH STREET VESTERATORT, AD 21502

TOBBOT A OLIZ TIDILLER SERVENDO te Jane 3 1 25 ALTERON COULTA Later College Total ATTIGON TO SEE CEROAS STATE OF THE ACTION OF x minoro ymreil wilse 116 . 2153 211-0-1-0 1rs. | pet | cirb | cver | 12 THE PARTY OF MALEY TO THE THE PARTY OF THE P mair 2/26 3 conting en. or's Exiting He V d. olls "terror entropy of the correct size of th

FOR - STATE REGISTRAR

CERTIFICATION

MEDICAL

DEPARTA	STATE OF MENT OF HEALT CERTIFICA	TH AND M	ENTAL HYG	IENEO O	REG. NO	5 1		.j.	0)
EANOR	TW	I GG		20 DATE OF D	26		83	YEAR	142	
	5 DATE OF BIRTH			6. AGE (IN YEARS LAST BIRTHDAY)			IF UNDER 1 YEAR		IF UNDER 24 HRS	
	09 25 18				YRS	ON1HS	OAYS	HOURS	MIN	
AT COUNTRY?	8			9 BALTIMORI	CITY OR CO	DUNTY	OF DE	ATH		

DECEASED NAME MIDO (TYPE OR PRINT) RUTH ELI 4 RACE 3. SEX FEMALE WHITE To BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WH MARRIED NEVER MARRIED Maryland USA CUMBERLAND - ALLEGANY MD DIVORCED WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION MEMORIAL HOSPITAL secretary Blind CUMBERLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 136 COUNTY CUMBERLAND 13d INSIDE CITY LIMITS? 131 STREET ADDRESS ENDENCE ST MARYLAND ALLEGANY YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE EAST FIRST MIODLE Belle Issac Robison Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) MEMORIAL HOSPITAL - MEM. AVE, CUMB., MD 215-18-8044 no 18 CAUSE OF DEATH (Enter only one couse ger ne for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO underlying couse ONSEASE OR CONDITION GIVEN MEANT III PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70s AUTOPST 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 216. TIME OF INJURY THE HOW INJURY OCCURRED SENTER HATURY OF 21g. ACCIDENT WAS UNDERLYING HT MITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED TH LOCATION 21e PLACE OF INJURY CITY OF TOWN 5.78691 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. NOT WHILE AT WORK AT WORK Lertify that (I) (this hospital) attended the deceased from our) opinion death occurred on the date and hour and from

27d PHYSICIAN S NAME (1991 CAPILITY 230 BURIAL CREMATION REMOVAL 23b DATE Burial Dec 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

II: ADDRESS

ATTENDING

PHYSICIAN

23d LOCATION CITY OR TOWN

STAFF

DIRECTOR PHYSICIAN

MEDICAL

COUNTY STATE

COUNTY

NO I

e couses stated

STATE

Associat

Grooms

Hillcrest BurialPk Cumberland All
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SK

ADDRESS

Cumberland

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

certificate and Mental Hyg

DIRECTOR

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MPORTANT: If Item

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8241 E U 1129 81 35 40 41 FE 197 "SEMBRIAL MOSPITAL - INCOMPANY BIANG AGEOGRAPH TYE 30 HOUSES THE X ORANGERSON YEARS THE TENT OF STATE Holfson Anna helle drooms 21 - 18-8044, NEMORIAL MOSPITAL - ME . AVE, CENT., MD lundal Der. 29, Satilieres auferligenstiene, it. J.d.

Allian G. Kache, Comberland, did.

•	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	÷
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The interior of the hospital or attending physicion.
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13	1 -	FC JR	MAN, PA		HOME DEP A	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 6 3	15	10
1 71		CEASED NAME OR PRINT) VIO	FIRST LA	GRAC	E	TWIGG	AST	DECEMBER 19, 1	983	26 HOUR 1:27P
(M)	3. SE	Female	4. R	Caus	3.	S. DATE C	DE BIRTH 1920 YEAR	6. AGE (IN YEARS LAST BRITHOAY) 63 YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
图 11 9/5		RTHPLACE (STATE ORFO	OREIGN 7b. (CITIZEN OF USA	WHAT COUNT	MARRIE WIDOWE	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY OR COUNT ALLEGANY COUNT		MD.
11/2/2	1	umberland			HOSPITAL, NUE		R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I) HOMEMAKET	FEI IZE KIND O	F BUSINESS OR
The second second	USU/ 13a S	TATE Pa.	NG HOWE OR OTHE 135 COUNTY Bedfo:	er institution. rd	GIVE RESIDENCE BE 130 CITY OR T Hyndma	FORE ADMISSION) OWN	13d. INSIDE CITY LIMITS? YES NO 🛣	13 STREET ADDRESS / ZIP COU	× 99	1996
100	M.FA	THER'S NAME William	L.	NE.	Beals		15. MOTHER'S MAIDEN NA Dorothy	MIDDLE	Shill	ing
B		VAS DECEASED EVER I (ES, NO OR UNKNOWN) NO	N U.S. ARMED (IF YES, GIVE WA		166 SOCIAL SI 213 22		Franklin Twi	gg, R D 1, Hyndm		15545
requires that the death certific en signed by the attending ph it. Then please remove carbon es ior to burial, cremation, or remay injury, or ather troumatic even	ATION	Conditions, if any, gave rise to imm couse (a), stating underlying cause	which lediote g the last	DUE TO, O (b) DUE TO, O (c)	Pulp RAS A CONSE RAS A CONSE DITRIBUTING UAD V	QUENCE OF		WINAL DISEASE OR CONDITION GI	VEN IN PART 1:0	
The low physicion. Inficate has both promit perm oil Hygiene pro oil Hygiene	A CERTIFICATION	218. ACCIDENT WAS UNO	ERLYING	21b. TIME O HOUR A.	M. MONTH	DAY YEAR		IN CERT	IFYING CAUSES	
G PHYSIC offending er this cer if the buria and Ment	MEDICAL	CIF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHI AT WORK	ED	P. 21e. PLACE (AT HOME, STE		19 CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTENDINI Dital or of TOR: Aft for use os of Health		22a.1 certify that (I) sow the decease above, (I) (we) (d	(this hospital)	rec.	18 1	,		3. to Dec , [9] death occurred on the date and ha	0 3	that (!) (we) last causes stated
ral OR a y the hos tal DIREC detoched ote Dept.		226. SIGNATURE	V.H	11/	Pl	m		MEDICAL STAFF DIRECTOR PHYSICIAN	121	19/83
TO HOSPITA retained by TO FUNERA should be di with the Sto		HIJAB, W					909-A SETON	DR. CUMBERLAND,	MD,2150)2
9969		urial, cremation, i specify) Bunial		12/22,	Carlotte Committee Committ		emetery or crematory n Cemetery	Hyndman, Bec		
DHMH - 16 50M 4/83 (VRA 15, 4)	Harvey H. Zeigler, Hyndman, Pa. 15545 25. Date Rec'd. By Registrar 35. Registrar's Signature DEC 2 7 1983									

THE REPORT OF THE PARTY OF THE .aur. ALFERMAN WAYSELIN TO THE STATE OF STATE ugotal 10/00/20 traduct broker traduction, inclose us , e.

orver is a limi, hardran, no. 15145

FOR - STATE REGISTRAR

filled in by the funeral ould be filed within 72

urial-transit per

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

IMPORTANT: If Item 21 is marked or Item 18 shaw

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.			
20 DATE OF DEATH		DAY	YEAR	
	12	29	83	5:50

										REG.	NO.				
	CEASED NAME	FIRST	,	MIDDLE	L	AST			2a DATE	OF DEATH	MONTH	DAY	YEAR	2b HOUR	
(TYPE	OR PRINT)	ARENCE		D VALE	NTINE	Jr					12	29	83	5:50 p	M
3 SE	X	4.1	RACE		5 DATE O	F BIRTH			AGE (I	YEARS LAST B	RTHDAY)		NDER I YEAR		5
	MALE		HITE		O1	16	26 YEA	AR	57		YR	MONT	HS DAYS	HOURS MIN	
	RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTRY?	8	- Fil Nie	VER MARRIE	, _ 9	BALTIN	ORE CITY	OR COU	NTY OF	DEATH		
	Md.		U.S.A		WIDOWE		DIVORCE		A1	legan	У.				۸D
10 C	ITY OR TOWN OF DEA	TH 11		HOSPITAL, NURSIN		ROTHE	RINSTITUTIO			AL OCCUPA			26 KIND C	F BUSINESS C	R
	MBERLAND ME		MEMORIA	AL HOSPIT	AL				_	spect		G LIFE)	OSHC)	
13a. S	AL RESIDENCE (IF HURSI	NG HOME OR OTH 13b COUNTY ALLE	HER INSTITUTION,	GIVE RESIDENCE BEFORE		13d INS	IDE CITY LIM	ITS?		TADDRESS			21.	502	
	MU	MLLE	T MINNE	COMBERL	ANU	YES [] NO		Rt.	#2 Mt	· PL	easa	nt Ro	i.	
14. FA	ATHER'S NAME	MIDI		LAST		15 MO	THER'S MAID	EN NAME	E			_			
	Clarence	D	JE.	Valentin	o Sr		Ida			WIDDLE			Df	hler	
160 V	VAS DECEASED EVER I	N U.S. ARME	D FORCES?	16b SOCIAL SECU			DRMANT			ADD	RESS				_
		(IF YES, GIVE WA	AR OR DATES)							Rt	.#2	Mt.	Pleas	sant Rd	
	yes	WWl		<u> 218-12-55</u>	59	Mrs.	Joan	Vale	entir	ie Cu	mber	land	7	21502	
	18. CAUSE OF DEATH	Enter only o	one couse per	line for (o) (b), one			- 10						BETWEEN	MATE INTERVAL ONSET AND DEAT	
		IMMEDIATE C		mel	polo	be	Con	cery	m	2					
	1991		DUE TO O	R AS A CONSEQUE	NCE OF										
	Conditions, if ony,	which ((, ,)												
	gove rise to imm	ediote	10)												_
	couse (o), stating underlying couse	ost.	DUE TO, OI	r as a conseque	NCE OF										
			(c)												_
z	PART 2. OTHER SIGN	IFICANT CON	NDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RE	ATED TO TH	E TERMIN	VAL DISE	ASE OR CO	NDITION	GIVEN I	N PART 16	0 '	
5			T						1		Table 10				_
Q.	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATION	N WAS F	PERFORMED		200 AU	TOPSY?				OF DEATH?	
H									YES [NOI		YES [NO 🗌	
CERTIFICATION	21a. ACCIDENT WAS UND	ERLYING	21b. TIME O			21c HC	W INJURY C	CCURRE	D (ENTER	NATURE OF IN	URY IN ITEM	1B, PART 1	OR PART 2)		
A L	OR CONTRIBUTING C			M. MONTH DA											
MEDICAL	(IF EITHER, NOTIFY MEDICA		21e. PLACE	M,	19	216 10	CATION								_
ME	WHILE NOT WH			REET, FACTORY, OFFICE, F	ARM, ETC.)		STREET			CITY OR T	NWC	(YINUO	STATE	
	AT WORK			Take a											
		CONTRACTOR CONTRACTOR	North Control of the	the agreement and the		4	- 5 /.			1	. // .				

23c. NAME OF CEMETERY OR CREMATORY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

STATE

226. PHYSICIAN'S NAME (TYPE OR PRINT) A. Bollino

22e ADDRESS

955 Frederick St., Cumberland, MD 23d. LOCATION

COUNTY

Allegany

5 5 5 7 7	230. BURIAL, CREMATION, REMOVAL
BP	Burial
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FUNERAL DIRECTOR

Jan.3,1984 Rocky Gap Vet. Cemt. 404 Decatur St. Silcox-Merritt Fun'l Ser. Cumberland, Md

23b. DATE

Flintstone

JAN 1980H JAN 90MJH 9N C H 3 HOO DHAJRSON D YHADDIJA UH

- STATE REGISTRAR

. DECEASED NAME

MALE

To. BIRTHPLACE (STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

CUMBERLAND

14. FATHER'S NAME

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND

LAST

VANPELT

DATE OF BIRTH MONTH

07

	- 63
DEPARTMENT OF HEALTH AND N	NTAL HYGIENE
CERTIFICATE OF D	ATH

DATE OF	DEATH	
	REG.	N

REG. NO.		12		
20 DATE OF DEATH MONTH	DAY	YEAR	26 HOU	:30
DECEMBER 22,	1983		0	PM
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
82 YRS.	MONTHS	DAYS	HQUR5	MIN,
9. BALTIMORE CITY OR COUNT	Y OF DE	ATH	- 1/	

MARRIED K NEVER MARRIED WIDOWED DIVORCED

YEAR

01

Allegany

Retired

MIDDLE

Rd

12b. KIND OF BUSINESS OR INDUSTRY Amcelle Corp

MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130, STATE 13c. CITY OR TOWN Rawlings

13d. INSIDE CITY LIMITS?

13e. STREET ADDRESS Rd 15. MOTHER'S MAIDEN NAME

MIDDLE Thomas 16n. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

VanPelt 166 SOCIAL SECURITY NO

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MIDDLE

EDWARD

76 CITIZEN OF WHAT COUNTRY?

Laura 17 INFORMANT

Lynch

No 214-07-3622 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b)

IMMEDIATE CAUSE

13b. COUNTY

RAYMOND

4. RACE

White

Mae VanPelt

Canditions, if any, which gave rise to immediate cause (a), stating underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN

9a. I	DATE OF	OPERATION	
	12	113/03	
21a.	ACCIDENT	WAS UNDERLYING	

IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e. PLACE OF INJURY

211. LOCATION

20b. IF YES, WERE FINDINGS USED

220. | certify that it (this hospital) attended the deceased from

AN DIRECTOR PHYSICIAN

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

20a AUTOPSY?

THE DATE SIGNED

22e ADDRESS

Memorial Hospital Medical Building Cumberland, Maryland 21502

	Dr.	Richa	ird	Sni	Lde
23a. BURI	AL, CREM	ATION, REM	OVAL	23b.	DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Allegany

Burial

CERTIFICATION

Hem 18

0

Craig Rotruck

South Main St. Keyser.

DHMH - 16 50M 4/B2 (VRA 15, 4)

the the

77h SIGNATURE

Dawson Cemetery

Dawson

las ny gret effect. Denited NO Allegony Rowlings - 2 I Rt 3 Rt Lings, AD 21557 | 75579 C. awnilwal E J. Jielnev esM uLLJ - urial Laci7 1963 Dawson Cametery Lawson 1 at my for . Jeig wirder keyber, 47 25725

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

injury, or other troumotic event, the medicol con

IMPORTANT: If them 21 is morked or them 18 shows any

STATE OF MARYLAND

1 -	STATE REGISTRAR			DEPAR		ICATE OF	DEATH	IENE	REG. N	0.			
	CEASED NAME	ROBER'		CARL		ADE, S	SR.	Decem	FDEATH	MONTH	DAY YEAR		L:30
3. SE	x		4. RACE		5. DATE O			6. AGE (IN)			MONTHS DAY		NDER 24 HRS
	Male		Whi	t.e	Nov	. 19.	1909	74		YRS		S HOU	RS MIN
	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY	/2 8				RE CITY		TY OF DEATH		
	Marylar	nd	USA		WIDOWE		R MARRIED	Δ	llega	MIL			440
10. C	ITY OR TOWN OF I		0.000	IOSPITAL, NURS				12a USUAL	OCCUPAT	ION	12b. KIND	OF BUS	SINESS OR
Cı	umberland		Memor	HEACHITY, GIVE STRE	pital&	Med.	Center	Reti	red.	OF WORKING	Tire	Inc	dustry
	ALRESIDENCE (# N STATE Maryland		OTHER INSTITUTION. TY EGANY	Isc. CITY OR TO		YES 🏌	CITY LIMITS?		ADDRESS Oakla	awn A	ve. 2	15	02
14. FA	ATHER'S NAME FIRST	Herese	Wade	LAST		15. MOTHE	Nora El		MIDDLE			LAST	
	VAS DECEASED EV		MED FORCES?	16b. SOCIAL SEC	CURITY NO.	17 INFORA	MANT		ADDR	ESS			
(YES, NO OR UNKNOWN)	Ntl.	Guard	214-07-	0481	Mrs	. Angela	Wade,	La V	ale;	Md. Wi	fe	
MEDICAL CERTIFICATION	Conditions, if cogove rise to couse (o), stunderlying co PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY A 21d. IN JURY OCC	INITY, which immediate ating the use last. IGNIFICANT C WIDDERLYING CAUSE OF DEA REDICAL EXAMINER	DUE TO, OI ONDITIONS CC IPP. CONDI 19b. CONDI TH. P. CONDI 21b. TIME O HOUR A P. J. 21c. PLACE O	FINJURY M. MONTH M. DE INJURY	DEATH BUT THO OPERATION DAY YEAR 19	SSIL 1 N WAS PERI	FORMED INJURY OCCURR	100 AUTO	Seps.	IN CERT	ES, WERE FINE TIFYING CAUS YES	DINGS L ES OF D	JSED JSEATH? D \
¥	WHILE NO	WHILE WORK	(AT HOME, STR	EET, FACTORY OFFICE	E, FARM, ETC)	318	EE1		CIII ON I	,			
	22a I certify that saw the deci above, (I) (wi 22b. SIGNATURE 22d PHYSICIAN'S Dr. N.	eased alive on e) (did) (did no	y view the body	11/8/19		DEGREE	ATTENDING PHYSICIAN SESS ical Builberland,	MEDICAL	STA	FF CIAN [224. DA	TE SIGN	183
23a F	BURIAL CREMATIC		23b. DATE	23/	NAME OF C		R CREMATORY	123d LOC	ATION				
	Burial	, nemorat	12-11-				m.Garde	ns I	a Val	e. A	llegany	Ma	STATE
	UNERAL DIRECTOR			i, Cumbe			DEC Y	6 1983		25b. REG		ATURE	1

DHMH - 16 50M 4/82 (VRA 15, 4)

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Jumps F. Courpelli, Cumberland, Md. LEG 1 F 2833

12-11-1589 Leatlaim Man. Cauders -A Valo, Allowars, M.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 -	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	REG. NO.) ~	1 -1
	CEASED NAME FIRST	MIDDLE		AST	2a. DATE OF DEATH MONTH	H DAY YEAR	26 HOUR
TITE	Leor	na E.	Wal	ker	December 24.	1983	8:50RM
3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	Female	White	02-	05-08 YEAR	75	YRS MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT C	OLINTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
	Maryland	USA	WIDOWE		Allegany		MD.
10. CI	thor fown of DEATH Cumberland	Lions Mamor		or other institution ome	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORK HOUSEWIFE	KING LIFE INDUSTRY	Own Home
13a. S		UNTY 13c. CIT	y or town mberland	13d. INSIDE CITY LIMITS? YES 📉 NO 🗌	138 STREET ADDRESS 135 Virginia	Avenue	21502
14. FA	THER'S NAME Patrick	Ma1	ker	15. MOTHER'S MAIDEN NA	Jennie	Robine	tte
			CIAL SECURITY NO.	17 INFORMANT	ADDRESS		Son
n		GIVE WAR OR DATES) 23	13-48-0602	Mr. Wallace	Larry Walker,	, Frostbur	cg, Md.
FICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN The DATE OF OPERATION	DUE TO, OR AS A CONTRIBUTIONS CONTRIBUTIONS	angethin onsequence of Interior cle uting to death But nutrition	heart feiler notic cardiova	AMAL DISEASE OR CONDITION TO AUTOPSY? 200 AUTOPSY? 100	. IF YES, WERE FINDI	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MO	Y ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITI	YES TEM TE PART 1 OR PART 2)	№ □
MEDIC	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU	RY ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (this has saw the deceased alive		19.83		death occurred on the date on	nd hour and from the	that (1) (we) last causes stated
	226. SIGNATURE	1		DEGREE			SIGNED
	Sala	W Cidl	y mi	ATTENDING PHYSICIAN [MEDICAL STAFF	12.	24-83
	224 PHYSICIAN'S NAME (14)	PE OR PRINT)		22e. ADDRESS			
	Ralph P. Ero	11y, M.D.	1	Lions Manor	Nursing Home,	Cumberland	Maryland
23a E	BURIAL, CREMATION, REMOV		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
(Burial	12-28-198	3 Davis	Memorial Cem	Cumberland	d. Allegar	av. Md.
24 FU	UNERAL DIRECTOR NAME James F.	Scarpelli, C		250 DA	TE REC'D. BY REGISTR R 256 P		TUREA

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the hospital or attending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furnish should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 thould be detached for use as the burial-transit permit. The should be filled within 72 th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, or other traumatic event, the medical examined

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AN CressIII beelwater	12-25-1983 Davis depris descript one.	Letros
Day Day	Composition (unitable and the state of the s	3376

TO FUNERAL DIRECTOR. After this carrificate has been signed by the attending physichold by detached by use as the bound-visuals permit. Then please remove containings with the State Dispt, of Health and Mental Hygiere prior to buriol, cremation, or remove retoined by the housital or otherding

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR K	EYSER.	WVA 267	726	CERTIF	ICATE OF DEATH		REG. NO.			
DECEASED NAME	FIRST		MIDDLE	L	AST	2a. DAT	E OF DEATH M	AONTH DAY	Y YEAR	2b. HOUR
TYPE OR PRINTS	DORA	В	ELLE	WHI	TEMAN	DECE	MBER 21	. 1983	5	10:10
SEX		4. RACE		5. DATE C		6. AGE	(IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Female		Whi	te.	Feb.			66	YRS.	DATE	NOURS MILE
BIRTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	X) 9. BALTI	MORE CITY OR	COUNTYO	FDEATH	
WV		U.S	. As	WIDOWE			ALLEGAN	Y COUN	1TY	M
CITY OR TOWN OF	DEATH	11. NAMEIOF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USU	VALOCCUPATION		12b. KIND C	OF BUSINESS O
Cumberl	and /		ACRED HEAL		SPITAL		emaker			1.000
UAL RESIDENCE (IF	NURSING HOME C		N. GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMIT	S? 113e STRE	ET ADDRESS /	ZIP CODE	9	4440
WV	10	neral	Keyser		YES NO	32			Stal	26726
FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE		IA.	57
Walter		A	Whiteman		Fannte	D:	***************************************		Marti	
WAS DECEASED E				IRITY NO.	17 INFORMANT		ADDRES	32 W.		mont S
(YES, NO OR UNKNOW!	4) (# YES, G	IVE WAR OR DATES)	225-40-	1714	Mary Franc	es Whi	teman	Keyse		2672
Conditions, if gove rise to couse (0), underlying conderlying condensation of the part 2. OTHER	immediate stating the ause last.	CONDITIONS (01	DEATH BUT	NOT RELATED TO THE	20a A	EASE OR COND	20b. IF YES, YES YES	WERE FINDI	
21a. ACCIDENT WA		HOUR	OF INJURY	AY YEAR	21c. HOW INJURY OC	CURRED (ENT	ER MATURE OF INJURY	IN ITEM 18 PAR	I I OR PART 2)	
	WEDIC AL EXAMIN	CMIN	P.M.	19						
21d. INJURY OC	OT WHILE		E OF INJURY STREET, FACTORY, OFFICE, I	FARM, ETC 1	211 LOCATION STREET		CITY OR TOW	IN .	COUNTY	STATE
	ot (I) (this hos	oital) attended	the deceased from_	1 *	2 - 1 19	X 7 . 10	12 -	2/	81	that (I) (we) la
saw the de	ceased alive a	n 2-	- U 19	81.0	nd that in (my) (our) opi	inion deoth occ	urred on the dat	te and hour o	and from the	couses stated
226. SIGNATUR		V	1000	2	DEGREE ATTENDIN		CAL STAFF		12. DATE	-27-8
22d PHYSICIAN	JAME HIT	OR PRIVATE D	YUME	CVVIC	22e ADDRESS	mec.	O. C. Almoici			
JOHN ME	HANNA.	MD			925 BISHO	P WALSE	DRIVE,	CUMBE	FRLAND	, MD 215
BURIAL, CREMAT	ION, REMOVA	L 23b. DATE	23ε.	NAME OF	EMETERY OR CREMATO	ORY 236 L	OCATION CITY OF TOWN		COUNTY	STATE
Burial		Dec 2	4 1983 00	leens	Point Ceme	etery	Keyser	a Mi	inera	4 WV
FUNERAL DIRECTO	OR		ADDRESS		726	DATE REC'D.	BY REGISTRAR	SI REGISTR	AR' SIG	TURE
. Craia	Rotruc	k 85 S.	Main St	. Kes	ser, WV	MED Q	- 1300 G			,
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DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

1 -	FOR STATE REGISTRAR		DEF		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.		les à	
	CEASED NAME FIRST		MIDDLE	L.	AST	20. DATE OF DEATH MO	NTH D	AY YEAR	26 HOUR
{ [T PP	EVER	ETT	LEE	WILB	URN	DECEMBER 15.	1983		5:15
. SE	X	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHD	AY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Whi	te	Aug.	10, 1915 YEAR	68 .	YRS.	ONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN O	WHAT COU	NTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY	OF DEATH	
	Maryland	U	SA	WIDOWE		Allegany Co	unty		MD.
0. C	ITY OR TOWN OF DEATH	(IF NOT IN SI	JCH FACILITY, GIVE	STREET ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPATION		INDUSTRY	F BUSINESS OR
	AL RESIDENCE HE NURSING HO	ASTOR OTHER INICITION	AL HOS			Coal Miner		Coa	al
	STATE 136 C	DUNTY	13c. CITY OF		136 INSIDE CITY LIMITS?	13e STREET ADDRESS			
	aryland Ga	rrett	Grant	sville	YES NO	Star Route		2	1536
4. F/	ATHER'S NAME	WIDDLE	LA	ST	15. MOTHER'S MAIDEN NA/	WE		LAS	1
	John E	arl	Wilbu		Ada	Mae		Hoover	
	WAS DECEASED EVER IN U.S	ARMED FORCES?	16b. SOCIA	L SECURITY NO.	17. INFORMANT	ADDRESS			
(YES, NO OR UNKNOWN] {IF YE	S, GIVE WAR OR DATES)	219-0	3-8290	Denzil Wilbu	rn, Grantsvil	le		1536
	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse loss	b (b) DUE TO, (c)	OR AS A CON	SEQUENCE OF		-		18	ns
LION					NOT RELATED TO THE TERM				
CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR V	VHICH OPERATION	N WAS PERFORMED			WERE FINDING CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXA	F DEATH HOUR	OF INJURY A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURIER	TEM 18 PA	RT 1 OR PART 2]	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME. S	OF INJURY	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	220.1 certify that (I) (his has a saw the deceased alive obove, (I) (we) (bid) (d	e on LFY	the degeosed	_19 C on	d that n (m) (our) opinion o	death accurred on the date	and hour	ond from the	that (1) (we) lost
	226. S GNATURE		1	M	ATTENDITO PHYSIÇIA	MEDICAL STAFF DIRECTOR PHYSICIAN	v 🗆	22c DATE	3 CN203
	DR. GUY FIS	1			MEMORIAL HO CUMBERLAND		CAL 2150	BUILDII 2	NG
	BURIAL, CREMATION, REMO Burial	23b. DATE 12-18	3-83		Cemetery Cemetery	Grantsville	e, Ga	rrett,	Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

MPORTANT: If them 21 is morked or them 18 shaws ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or attending physician.

Grantsville, Md.

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TO FUNERAL DIRECTOR. ould be detached for ith the State Dept.

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND

1.	STATE REGISTRAR		DEPARIM		ICATE OF DEATH	REG. N	10.		
TYPE	CEASED NAME FIRST OR PRINT) MARJ	NTM	AND L		IAMS	2. DATE OF DEATH	- 18-	YEAR - 83	100 P
SE	Female	4 RACE	hite	Aptori		87		UNDER I YEAR	HOURS MIN
81 13	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	what country?	MARRIE WIDOWE	D NEVER MARRIED	Allegan			M
CI	Frostburg		H FACILITY, GIVE STREET A		HOME	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST (12h KIND C INDUSTRY	OF BUSINESS O
		OR OTHER INSTITUTION		4	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	2150)2	
FA	of them is name. The transfer of the transfer	WIDDLE	Williams		IS MOTHER'S MAIDEN NAME IN THE STATE OF THE	th MIDDLE	>	Walt	
()	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES?	218-30-0		George Sshut	z, nephew	Cumber		MD 215
CERTIFICATION		conditions co	RASA CONSEQUE MERCH ENTRIBUTING TO D MELLU	EATH BUT	ollage.				1.36
	1% DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, W IN CERTIFYIN YES [NG CAUSES	NGS USED S OF DEATH? NO
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINE THE INJURY OCCURRED	P. PLACE	M. MONTH DA M. OFINJURY	19	21t HOW INJURY OCCURR				
	WHILE ONOT WHILE O		EET, FACTORY, OFFICE, FA		STREET 19.80	CITY OR TO		COUNTY 8	STATE
	270 L certify that (I) (this has sow the deceased alive a obove, (I) (we) (did) (did) 270. SIGNATURE	1 2	14 198	-3。	DEGREE ATTENDING	MEDICAL STA	late and hour a	nd from the	
	224. PHYSICIAN'S NAME (TYPE	Sandhir			22e ADDRESS	. Frostburg			
	BURIAL, CREMATION, REMOVE SPECIFY) BUTTAL	14/4	1/83 Fr	ostbu	emetery or crematory arg Mem. Park	Frostou	rg A	TTegan	ny state
FI	UNERAL DIRECTOR Leasu 230 Baltim	re-Stein	Funeral Cumberla	Home nd. N	Inc. 250. DATE DE	REC'D. BY REGISTRAF	25b REGISTRAI	R'S SIGNAT	URE &

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5	T DE	REGISTRAR SCARPEL	LI FUNERAL HOME	CERTIFICATE OF DEATH	REG. NO		2b. HOUR
25/		OR PRINT)					Za. HOUR
M	1. SEX	WILBU	R DEWAINE	WOOD 5. DATE OF BIRTH	DECEMBER 28		1:10 AR # UNDER 24
	I. SEA	Male	White	Dec. 23, 1922	61	YRS MONTHS DAY	YS HOURS
C/6 4/6	P	ennsylvania	76 CITIZEN OF WHAT COUNTRY	MARRIED LX NEVER MARRIED L WIDOWED DIVORCED	ALLEGANY=		
potified with	N.	ty or town of death Cumberland	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SACRED HEART		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Manager	F WORKING LIFE) INDUSTR	OF BUSINES RY Market
must be	13a. S M	- V		and YES NO		zip code Itown Road	215
and 2 st	14. FA	THER'S NAME FIRST John W	MIDDLE LAST	15. MOTHER'S MAIDEN N			LAST
0 70		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRE	ESS	
Poges medica	(1		War II 194-16-	4854 Mrs. Caroly	n Wood, Cum	berland, Md	. Wife
antending		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQU	JENCE OF	inter to	7 47	
een signed by the ottending it. Then pleose remove corbo ior to buriol, cremation, or ri yy injury, or other fraumatic.	ATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	JENCE OF DEATH BUT NOT RELATED TO THE TER			
has been signed by the attending it permit. Then please remove carbo siene prior to buriol, cremation, arrinows any injury, ar other traumatic.	TIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	JENCE OF DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINING CAUS	DINGS USED SES OF DEATH
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I. DIRECTOR: After this certificate has stacked for use as the burial-transit per to Dept. of Health and Mental Hygiene : if them 21 is marked ar them 18 shows		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (JE ETHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK AT WORK AT WORK AT WORK 22a.1 certify that (1) (this hosp	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH ATH HOUR A.M. MONTH E P.M. 21e. PLACE OF INJURY	DENCE OF DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED 21c. HOW INJURY OCCU THE PROPERTY OF THE PERFORMENT OF THE PERFORM	200 AUTOPSY? YES NO DIRRED (ENTER NATURE OF INJUITY OR TO	20b. IF YES, WERE FININ CERTIFYING CAUS YES THE TIME HE PART TOR PART 2 TOWN COUNTY THE TIME HE PART TOR PART 2 TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	DINGS USED SES OF DEATH NO [] 2) 51
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Court 1. community Community No. 21.002

		EASED NAME FIRST OR PRINT)	MIDDLE		LAST	2a. DATE OF DEATH	MONIH E	DAY YEAR	26 HOUR
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a,	SEX	11 - 0		MONI	TH DAY YEAR		A	MONTHS BATS	HOURS MI
70	BIR	Male THPLACE (STATE OR FOREIGN	Caucasian 7b. CITIZEN OF WHAT COUN	TRY? A	ary 4 1901	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
5	cc	Maryland	USA	MARRI	ED NEVER MARRIED	ALLEGANY			
J 10	. CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME		120 USUAL OCCUPATI	ON	12b KIND O	F BUSINESS
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- U.	SUA Ba ST	L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION		13e.STREET ADDRESS		-110	Ud
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/ / 14		HER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NA	ME MIDDLE		IAS	1
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1 16		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	Cumb	orland	Md.
		No	217-1	0-4732	Olive Workman	209 Washi	naton	Street	
		18 CAUSE OF DEATH Enter or	nly ane cause per line for (a), (by, and ic	1 . (.			BETWEEN	MATE INTERVAL ONSET AND DEA
		PART I. DEATH WAS CAUSE	TE CAUSE (0)	Care	diac faile	ut.		- 5	- year
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		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CON: (b) DUE TO, OR AS A CON: (c)	SEQUENCE OF				2,	o year
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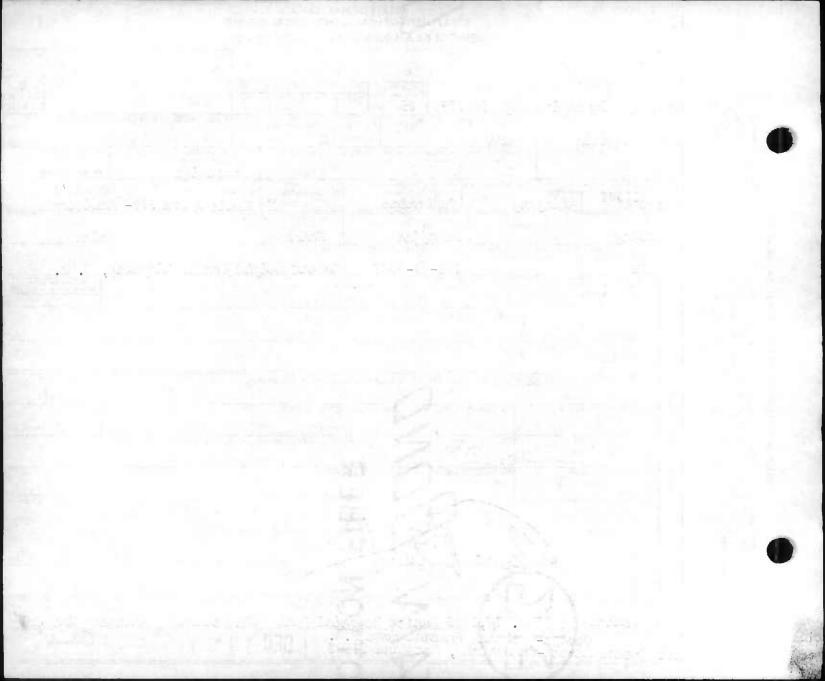
	STATE	OF MARY	LAND
PEPARTMENT	OF HE	ALTH AND	MENTAL

	1 - :	FOR STATE REGISTRAR		MI	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
	1. DECEASED NA/		AE FIRST	ra Blanche		e	Wright	20. DATE KNOWN OF ESTI-	DATE KNOWN X) MONTH DAY YEAR 76 HI			
35	Y SEX	nale	4 RACE Caucasian	S. DATE OF BIRTH	YEAR LA		UNDER 1 YR. IF UNDE	MIN PRONOUNCED DEAD	12/11,	/83 ₁₉	3:10 P M	
V	Ves	RTHPLACE (REIGN COUNTRY ***********************************	ginia	USA	HAT COUNTRY?	WIDO	RRIED NEVER MARI	CED 🗆 Allegan	y County	У	MD.	
0	C	umberl	and	Rt. 8,	Box 319	ADDRESS)	THER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE) HOUSEWISE		OR INDUSTR	SA	
6	130. ST Mar	yland yland	Alleg	TY	13c. CITY OR 1	TOWN	13d. INSIDE CITY LIMITS? YES NO X	Route 8 Box		owman's, ddition	500	
10	0	THER'S NAM FIRST Vesley		MIDDLE	Schaff		15. MOTHER'S MAID FIRST Sarah	MIDDLE	Po	pland		
		NO.	ED EVER IN U.S. ARA HOWN) (HF YES, GIVE Y	WED FORCES? WAR OR DATES)	192-46	-4387	Robert Wr	ight Box 23 R		W. Va.		
	NO	Condition gove couse (a lying co	ons, if ony, which rise to immediate o) stating the <u>under-</u> ouse last.	(b)	r as a conseq r as a conseq	UENCE OF	noxide Into					
1	IFICATI	19a. DATE C	OF OPERATION	196 COND	ITION FOR WHIC	CH OPERATION	WAS PERFORMED?			2D AUTOPSY?	NO 🗆	
3211	5	UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK	TING CAUSE OF D	DEATH 1:05P.	M. MONTH DAY M. 12/11/ FOF INJURY (AT CTORY, FARM, ETC.) USE	Y YEAR /83 STHOME. 21f. I	ubject in h	19 Bowman's Ad	COUN	Cumber	land,	
0		deoth resu ACTUAL SIGNATURE EXAMINER'S	S NAME TOO	omas D. S	mith, M.	D.		Undetermined monner [Lefmedical examiner Penn St., Bal		12/1	2/83	
	(5	URIAL, CREM. PECIFY) BUT	ial 1		1983 Sun	set Memo	or CREMATORY Orial Park 1250-DATE	23d LOCATION CITY OR TOWN CUMBERLAND REC'D BY REGISTRAR 125M	Allego	any Mary	aland .	

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

George-Upchurch Funeral Home P.A. 202 Greene Street-Cumberland, Maryland 21502

DEC 1 9 1983



TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 shauld be filled within 721 with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or remaval.

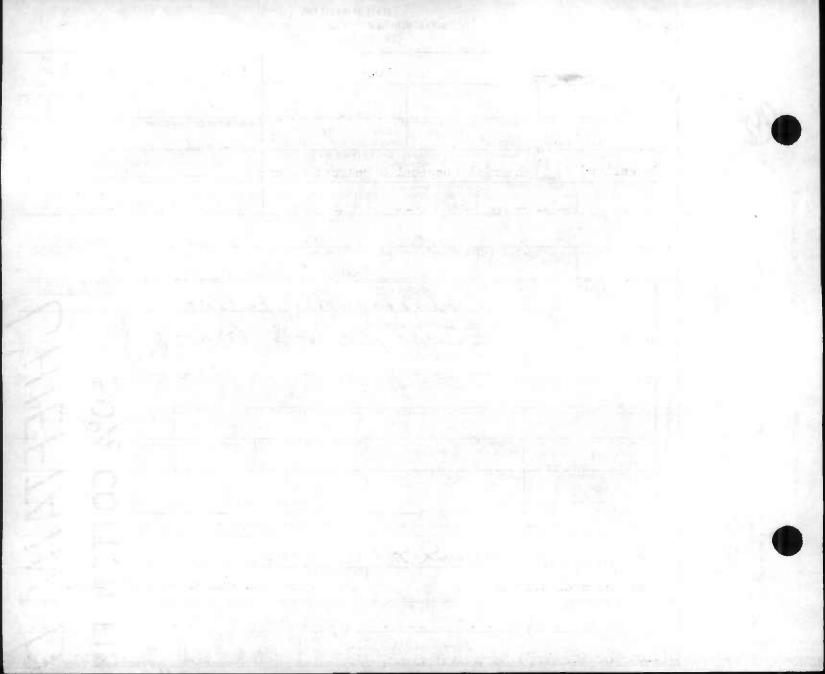
DHMH - 16 50M 4/82 (VRA 15, 4)

IMPORTANT: If them 21 is morked or them 18 shaws any injury, ar ather traumatic event, the

1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1 5	2	
	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR	
4	CATTIER	TMF		YOU	JNG	December 27,	1983	1:30 _P	
SE		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS	# UNDER 24 HR HOURS MIN	
Fe	emale	WHITE		DECE		N/A YRS	i.	2 30	
	(STATE OR FOREIGN MARYLAND	USA	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUN ALLEGANY	TY OF DEATH	٨	
	TY OR TOWN OF DEATH Cumberland	LIE NOT IN SU	HEACHTY GIVE STREET	ADDRESS)	or other institution Medical Cente	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS C	
USU 13a. :	AL RESIDENCE (IF NURSING HOSTATE Md. All	or other institution JNTY egany	GIVE RESIDENCE BEFORE 136. CITY OR TOW Cumberla	N .	13d, INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 825 Buckingha	am Rd.	1302	
4. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE	LAS	51	
	George	C.	Young	5	Mary	Beth	Cama	arda	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	825 Bucking	gham Rd.		
`	No		N/A		George C. You	ing Cumberland	Md.	MATE INTERVAL	
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	RAS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	Sustation Condition	GIVEN IN PART 11	01	
CERTIFICATION	190 DATE OF OPERATION	ITION FOR WHICH	OPERATIO	N WAS PERFORMED			WERE FINDINGS USED YING CAUSES OF DEATH?		
	2)a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN	EAIN	OF INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)	2)	
MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
6	220. I certify that (I) (this has sow the deceased alive obove, (I) (we) (did) (did 27% SIGNATORE 222d PHYSICIAN'S NAME (TYP) Dr. Margaret	on not) view the body	19		ATTENDING PHYSICIAN	death occurred on the date and he discount of the date and he date	22c. DATE	SIGNED	
23a.	BURIAL, CREMATION, REMOVA				emetery or crematory st Burial Par	k Cumberland	Allega	ny Md	

Dec.29,1983 Hillcrest Burial Park Buria] 24 FUNERAL DIRECTOR 404 Decatur St. Silcox-Merritt Fun'l Cumberland Md Ser

Allegany



STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	

1-	STATE REGISTRAR		DEPARTM		ICATE OF DEATH	REG. NO.		649	20.44
	CEASED NAME FIRST	N	AIDDLE	L	AST	20. DATE OF DEATH MO	NTH DAY YEA	20.110	
{TYPE	MARY MARY			YOU		December 27	1:	30 _{PM}	
3. SE	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDA		EAR IF UNDE	R 24 HRS.
1	Female	White		Dec	07 1000	N/A	YRS.	2	30
	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED 🖾	9. BALTIMORE CITY OR C	OUNTY OF DEATH	1	
	Md.	U.S.A		WIDOWE		Allegany			MD.
10. CI	TY OR TOWN OF DEATH	H. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION		D OF BUSIN	
C	umberland		t FACILITY, GIVE STREET A 1 Hospita		ledical Center	(1YPE OF WORK FOR MOST OF WO		I/A	
USU/		ROTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	-	150:	2
	Md. Al	legany	Cumberla		YES NO	825 Bucking	ham Rd.		
14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	MIDDLE		LAST	
	George	C	Young		Mary	Beth		marda	
	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	825 Bucki	ngham Rd.		
	No	T AN ON DATES	N./A		George C. You	ing Cumberlan	d. Md.	- 22	
MEDICAL CERTIFICATION	18. CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUS! Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE LIMITARY OF COURTED WHILE AT WORK AT WORK AT WORK AT WORK 22a.] certify that (I) (this hosp.	DUE TO, OR DUE TO, OR (c) CONDITIONS CO 19b. CONDITIONS CO 19b. TIME O HOUR A./ 21e. PLACE ((AT HOME, STR	R AS A CONSEQUE R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. MONTH DA DF INJURY BET, FACTORY, OFFICE, F.	NCE OF NCE OF OPERATION OPERATION Y YEAR	N WAS PERFORMED	28a AUTOPSY? 28	ION GIVEN IN PAR OB. IF YES, WERE FIN N CERTIFYING CAU YES	NDINGS USE SES OF DEA NO	ED ATH?
	saw the deceased alive an above, (h) (we) (did) (did not) view the body after death. 272. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI								stoted
220 5	BURIAL, CREMATION, REMOVA		122. N	IAME OF C	EMETERY OR CREMATORY	1236 LOCATION			
230.	Burial	Dec. 29.			st Burial Par	CITY OF TOWN	Allegar	ay M	STATE
24 FU	JNERAL DIRECTOR		404 Dec		175a DAT	E REC'D. BY REGISTRAR 250	EGISTRAR'S GIG	6-11-11-2	KI
Si	lcox-Merritt Fu	ın'l Ser	Cimbo~1	acui	Md JAN	14 1904	Dan De		

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

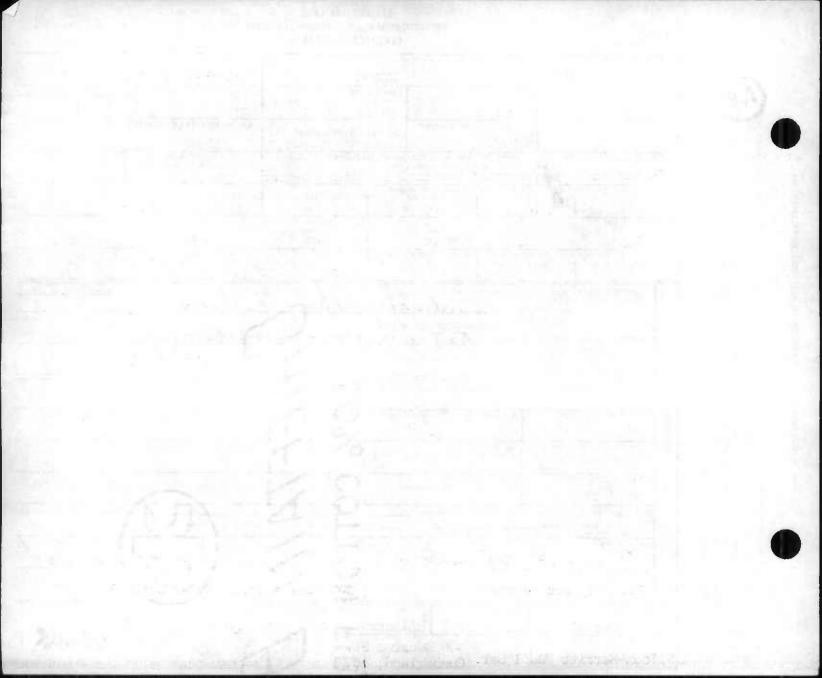
injury, or other traumatic event, the medicalexam

IMPORTANT: If Item 21 is marked at Item 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR 404 Decatur Silcox-Merritt Fun'l Ser. Cumberland, 404 Decatur St.



BP.

DHMH - 17 (VR A15 ME (5)) 15M 2/80 FOR STATE

TYPE OR PRINT

7a. BIRTHPLACE

Cumberland

REGISTRAR DECEASED NAME

MIL DRED

Cau

Virginia

DEPA

		MENT OF H	E OF MARYLAN EALTH AND M R'S CERTIFIC	ENTALI	1	-	REG.	NO	-	ú	2	3
)	E.		YOUNG			20. DATE OF DEATH	KNOWN ESTI- MATED	N X	12/5	5/83	YEAR	2b. HOUR 0600 M
7-16-07	YEAR	6. AGE (IN YEAR LAST BIRTHDAY YRS	MONTHS DAYS	HOURS	R 24 HRS.	PRONOUP DE AL	NCED	125	MONTH / 5/8	B3	YEAR	2d. HOUR 0814
U.S.A.	AT COUN		MARRIED NE	VER MARE	-	9 BALTIN	iore cit 1 e gar	_	COUN	TY OF D	EATH	MD.
II. NAME OF HOSI (IF NOT IN SUCH FAC 313 Hol			or other institu	TION	FOR	JALOCCU MOST OF WOI DMCMAI	RKING LIFE)	TYPEC	OF WORK	OR	Home	
OTHER INSTITUTION, GIV Y A NY	13c CITY	OR TOWN	13d INSIDE C YES X	ITY LIMITS?	13e STR	EET ADDRI	Tand	. +		(zip	: 21	502)
MIDDLE	1.	leans		R'S MAID IRST Lizab		٨	AIDDLE				asi mi th	

1	30. ST	aryland	Allegany		Cumber land	,	136 INSIDE CITY LIMITS?	313	Holland		(zip: 21502)	
	I4 FA	Ther's NAME Thornton	WIDDI	E	last Means		15. MOTHER'S MAIDE FIRST Elizabe		MIDDLE		Smith	
		AS DECEASED EVER S, NO, OR UNKNOWN) NO	(IF YES, GIVE WAR OR		219-56-9490		Nancy Burk		ADDRE	811	Shriver Ave. berland Md	
		18 CAUSE OF DEA PART I DEATH V	TH (Enter only one ovas CAUSED BY: IMMEDIATE CAU	SE (a) Can	rdio-pulmon		arrest				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUDDEN	
		Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF								years		
ı		couse (o) stoting lying cause last			abetes mell						years	
	NO	PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). Obesity 196. Date of Operation 196. Condition for which operation was performed?										
	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPSY? YES NO NO	
		71a EXTERNAL CAU UNDERLYING CONTRIBUTING	OR	21b. TIME OF I HOUR A.M. P.M.	MONTH DAY YEAR							
	MEDICAL	216 INJURY OCCUR WHILE NOT AT WORK AT V	WHILE	2) e PLACE OI STREET, FACTO					cc	DUNTY STATE		
					ubed above, held an	Autap	sy . Inspection	^	Inquiry X,	and in my a],	pinion	
ACTUAL SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNED 12/5/3									12/5/83			
		EXAMINER'S NAME (TYPE OR PRINT)	Paul_Sr				ADDREMemoria					
	(5)	JRIAL, CREMATION,			23c. NAME OF CEM			23d. LOCA	OWN		UNITY STATE	
1	24 FL	ULAL INERAL DIRECTOR NAME	eorge-Up	churchs	Hillcrest Funeral Hom	1e, 1	A. 130 DE		gagar 1	200	GICHARAS SA	
	20	2 Greene	Street-Ci	umberla	nd, Marylan	d 2			***		10°	

